

12-15-2010

State v. Salazar Augmentation Record Dckt. 37832

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In the Supreme Court of the State of Idaho

STATE OF IDAHO,

Plaintiff-Respondent,

v.

LAZARUS SALAZAR,

Defendant-Appellant.

)
) ORDER GRANTING MOTION TO
) AUGMENT AND TO SUSPEND THE
) BRIEFING SCHEDULE

) Supreme Court Docket No. 37832-2010
) Canyon County Docket No. 2009-36064
)
)

A MOTION TO AUGMENT AND TO SUSPEND THE BRIEFING SCHEDULE AND STATEMENT IN SUPPORT THEREOF was filed by counsel for Appellant on November 23, 2010. Therefore, good cause appearing,

IT HEREBY IS ORDERED that Appellant's MOTION TO AUGMENT be, and hereby is, GRANTED and the District Court Reporter shall prepare and lodge the transcripts listed below with this Court within twenty-eight (28) days of the date of this ORDER and the District Court Clerk shall immediately serve counsel and file the transcripts with this Court. Any corrections shall be filed with this Court as provided by I.A.R. 30.1:

1. Transcript of the Conference conducted on February 22, 2010; and (Court Reporter Yvonne Hyde Gier)(estimate of pages: less than 100)
2. Transcript of the Restitution hearing conducted on August 23, 2010. (Court Reporter Yvonne Hyde Gier)(estimate of pages: less than 100)

IT FURTHER IS ORDERED that the augmentation record shall include the documents listed below, file stamped copies of which accompanied this Motion:

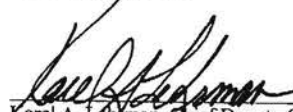
1. Jury Instructions, file-stamped February 24, 2010;
2. Juror Questions #1 and #2, file-stamped February 24, 2010 and Answer to Jury Question No. 2;
3. Jury Instructions - Part II, file-stamped February 25, 2010;
4. Motion for Restitution and Judgment with attachments, file-stamped July 7, 2010; and
5. Order for Restitution and Judgment with attachments, file-stamped August 23, 2010.

IT FURTHER IS ORDERED that Appellant's MOTION TO SUSPEND THE BRIEFING SCHEDULE be, and hereby is, GRANTED and proceedings in this appeal are SUSPENDED until the transcripts listed above are filed with this Court at which time the due date for filing Appellant's Brief shall be reset.

ORDER GRANTING MOTION TO AUGMENT AND TO SUSPEND THE BRIEFING SCHEDULE - Docket No. 37832-2010

DATED this 15th day of December, 2010.

For the Supreme Court


Karel A. Lehman, Chief Deputy Clerk for
Stephen W. Kenyon, Clerk

cc: Counsel of Record
District Court Clerk
District Court Reporter

LAW CLERK

AUGMENTATION RECORD

ORDER GRANTING MOTION TO AUGMENT AND TO SUSPEND THE BRIEFING SCHEDULE - Docket No. 37832-2010

In the Supreme Court of the State of Idaho

STATE OF IDAHO,)	
	)	ORDER GRANTING MOTION TO
Plaintiff-Respondent,	)	AUGMENT AND TO SUSPEND THE
	)	BRIEFING SCHEDULE
v.)	
	)	Supreme Court Docket No. 37832-2010
LAZARUS SALAZAR,)	Canyon County Docket No. 2009-36064
)	
Defendant-Appellant.)	

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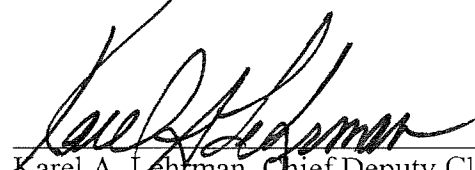
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5. Order for Restitution and Judgment with attachments, file-stamped August 23, 2010.

IT FURTHER IS ORDERED that Appellant's MOTION TO SUSPEND THE BRIEFING SCHEDULE be, and hereby is, GRANTED and proceedings in this appeal are SUSPENDED until the transcripts listed above are filed with this Court at which time the due date for filing Appellant's Brief shall be reset.

ORDER GRANTING MOTION TO AUGMENT AND TO SUSPEND THE BRIEFING
SCHEDULE – Docket No. 37832-2010

DATED this 15th day of December, 2010.

For the Supreme Court

A handwritten signature in black ink, appearing to read 'Karel A. Lehman', written over a horizontal line.

Karel A. Lehman, Chief Deputy Clerk for
Stephen W. Kenyon, Clerk

cc: Counsel of Record
District Court Clerk
District Court Reporter

FILED
A.M. 6:50 P.M.

RECEIVED

NOV 22 2010

STATE APPELLATE
PUBLIC DEFENDER

FEB 24 2010

CANYON COUNTY CLERK
G HERNANDEZ, DEPUTY

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

STATE OF IDAHO,

Plaintiff,

vs.

LAZARUS SALAZAR,

Defendant.

CASE NO: CR-2009-36064-C

JURY INSTRUCTIONS

ORIGINAL

INSTRUCTION NO. 1

During the course of this trial, including the jury selection process, you are instructed that you are not to discuss this case among yourselves or with anyone else, nor to form an opinion as to the merits of the case until after the case has been submitted to you for your determination.

INSTRUCTION NO. 2

Now that you have been sworn as jurors to try this case, I want to go over with you what will be happening. I will describe how the trial will be conducted and what we will be doing. At the end of the trial, I will give you more detailed guidance on how you are to reach your decision.

Because the state has the burden of proof, it goes first. After the state's opening statement, the defense may make an opening statement, or may wait until the state has presented its case.

The state will offer evidence that it says will support the charge against the defendant. The defense may then present evidence, but is not required to do so. If the defense does present evidence, the state may then present rebuttal evidence. This is evidence offered to answer the defense's evidence.

After you have heard all the evidence, I will give you additional instructions on the law. After you have heard the instructions, the state and the defense will each be given time for closing arguments. In their closing arguments, they will summarize the evidence to help you understand how it relates to the law. Just as the opening statements are not evidence, neither are the closing arguments. After the closing arguments, you will leave the courtroom together to make your decision. During your deliberations, you will have with you my instructions, the exhibits admitted into evidence and any notes taken by you in court.

INSTRUCTION NO. 3

This criminal case has been brought by the state of Idaho. I will sometimes refer to the state as the prosecution.

The defendant is charged by the state of Idaho with violating the law. The charges against the defendant are contained in the Information. The clerk has read them to you. To the charges, the defendant has entered pleas of "Not Guilty." The pleas of "Not Guilty" put in issue every material allegation of the charges against the defendant.

The Information is simply a formal method of accusing a defendant; it is not evidence for any purpose.

INSTRUCTION NO. 4

A defendant in a criminal action is presumed to be innocent. This presumption places upon the state the burden of proving the defendant guilty beyond a reasonable doubt. Thus, a defendant, although accused, begins the trial with a clean slate with no evidence against the defendant. If, after considering all the evidence and my instructions on the law, you have a reasonable doubt as to the defendant's guilt, you must return a verdict of not guilty.

Reasonable doubt is defined as follows: It is not merely possible doubt, because everything relating to human affairs is open to some possible or imaginary doubt. It is the state of the case, which, after the entire comparison and consideration of all the evidence, leaves the minds of the jurors in that condition that they cannot say they feel an abiding conviction of the truth of the charge.

INSTRUCTION NO. 5

Your duties are to determine the facts, to apply the law set forth in my instructions to those facts, and in this way to decide the case. In so doing, you must follow my instructions regardless of your own opinion of what the law is or should be, or what either side may state the law to be. You must consider them as a whole, not picking out one and disregarding others. The order in which the instructions are given has no significance as to their relative importance. The law requires that your decision be made solely upon the evidence before you. Neither sympathy nor prejudice should influence you in your deliberations. Faithful performance by you of these duties is vital to the administration of justice.

In determining the facts, you may consider only the evidence admitted in this trial. This evidence consists of the testimony of the witnesses, the exhibits offered and received, and any stipulated or admitted facts. The production of evidence in court is governed by rules of law. At times during the trial, an objection may be made to a question asked a witness, or to a witness' answer, or to an exhibit. This simply means that I am being asked to decide a particular rule of law. Arguments on the admissibility of evidence are designed to aid the Court and are not to be considered by you nor affect your deliberations. If I sustain an objection to a question or to an exhibit, the witness may not answer the question or the exhibit may not be considered. Do not attempt to guess what the answer might

have been or what the exhibit might have shown. Similarly, if I tell you not to consider a particular statement or exhibit you should put it out of your mind, and not refer to it or rely on it in your later deliberations.

During the trial I may have to talk with the parties about the rules of law which should apply in this case. Sometimes we will talk here at the bench. At other times I will excuse you from the courtroom so that you can be comfortable while we work out any problems. You are not to speculate about any such discussions. They are necessary from time to time and help the trial run more smoothly.

Some of you have probably heard the terms "circumstantial evidence," "direct evidence" and "hearsay evidence." Do not be concerned with these terms. You are to consider all the evidence admitted in this trial.

However, the law does not require you to believe all the evidence. As the sole judges of the facts, you must determine what evidence you believe and what weight you attach to it.

There is no magical formula by which one may evaluate testimony. You bring with you to this courtroom all of the experience and background of your lives. In your everyday affairs you determine for yourselves whom you believe, what you believe, and how much weight you attach to what you are told. The

same considerations that you use in your everyday dealings in making these decisions are the considerations which you should apply in your deliberations.

In deciding what you believe, do not make your decision simply because more witnesses may have testified one way than the other. Your role is to think about the testimony of each witness you heard and decide how much you believe of what the witness had to say.

A witness who has special knowledge in a particular matter may give an opinion on that matter. In determining the weight to be given such opinion, you should consider the qualifications and credibility of the witness and the reasons given for the opinion. You are not bound by such opinion. Give it the weight, if any, to which you deem it entitled.

INSTRUCTION NO. 6

If during the trial I say or do anything which suggests to you that I am inclined to favor the claims or position of any party, you will not permit yourself to be influenced by any such suggestion. I will not express nor intend to express, nor will I intend to suggest, an opinion as to which witnesses are or are not worthy of belief; what facts are or are not established; or what inferences should be drawn from the evidence. If any expression of mine seems to indicate an opinion relating to any of these matters, I instruct you to disregard it.

INSTRUCTION NO. 7

If you wish, you may take notes to help you remember what witnesses said. If you do take notes, please keep them to yourself until you and your fellow jurors go to the jury room to decide the case. You should not let note-taking distract you so that you do not hear other answers by witnesses. When you leave at night, please leave your notes in the jury room.

If you do not take notes, you should rely on your own memory of what was said and not be overly influenced by the notes of other jurors. In addition, you cannot assign to one person the duty of taking notes for all of you.

INSTRUCTION NO. 8

It is important that as jurors and officers of this court you obey the following instructions at any time you leave the jury box, whether it be for recesses of the court during the day or when you leave the courtroom to go home at night.

First, do not talk about this case either among yourselves or with anyone else during the course of the trial. You should keep an open mind throughout the trial and not form or express an opinion about the case. You should only reach your decision after you have heard all the evidence, after you have heard my final instruction and after the final arguments. You may discuss this case with the other members of the jury only after it is submitted to you for your decision. All such discussion should take place in the jury room.

Second, do not let any person talk about this case in your presence. If anyone does talk about it, tell them you are a juror on the case. If they won't stop talking, report that to the bailiff as soon as you are able to do so. You should not tell any of your fellow jurors about what has happened.

Third, during this trial do not talk with any of the parties, their lawyers or any witnesses. By this, I mean not only do not talk about the case, but do not talk at all, even to pass the time of day. In no other way can all parties be assured of the fairness they are entitled to expect from you as jurors.

Fourth, during this trial do not make any investigation of this case or inquiry outside of the courtroom on your own. Do not go any place mentioned in the testimony without an explicit order from me to do so. You must not consult any books, dictionaries, encyclopedias or any other source of information unless I specifically authorize you to do so.

Fifth, do not read about the case in the newspapers. Do not listen to radio or television broadcasts about the trial. You must base your verdict solely on what is presented in court and not upon any newspaper, radio, television or other account of what may have happened.

INSTRUCTION NO. 9

You are about to hear testimony regarding prior contacts between the investigating officers and the defendant. You are only to consider this information in relation to the officer's ability to identify the defendant because of those contacts.

Citizens are in contact with law enforcement officers for a great number of reasons not involving any bad acts, criminal conduct or negative consequences.

You are not to infer or speculate as to the nature or reasons for those contacts for the purpose of determining the defendant's guilt or innocence.

ORIGINAL

INSTRUCTION NO. 10

You have now heard all the evidence in the case. My duty is to instruct you as to the law.

You must follow all the rules as I explain them to you. You may not follow some and ignore others. Even if you disagree or don't understand the reasons for some of the rules, you are bound to follow them. If anyone states a rule of law different from any I tell you, it is my instruction that you must follow.

INSTRUCTION NO. 11

As members of the jury it is your duty to decide what the facts are and to apply those facts to the law that I have given you. You are to decide the facts from all the evidence presented in the case.

The evidence you are to consider consists of:

1. sworn testimony of witnesses;
2. exhibits which have been admitted into evidence; and
3. any facts to which the parties have stipulated.

Certain things you have heard or seen are not evidence, including:

1. arguments and statements by lawyers. The lawyers are not witnesses.

What they say in their opening statements, closing arguments and at other times is included to help you interpret the evidence, but is not evidence. If the facts as you remember them differ from the way the lawyers have stated them, follow your memory;

2. testimony that has been excluded or stricken, or which you have been instructed to disregard;
3. anything you may have seen or heard when the court was not in session.

INSTRUCTION NO. 12

In this case, the defendant is charged with two counts of Aggravated Battery. Each count charges a separate and distinct offense. You must decide each count separately on the evidence and the law that applies to it, uninfluenced by your decision as to any other count. The defendant may be found guilty or not guilty on either or both of the offenses charged.

INSTRUCTION NO. 13

The State's evidence on the charges of Aggravated Battery, if believed, include more than one act or incident that could constitute the charged crimes. In order to find the defendant guilty on either or both charges, the jury must unanimously agree which act or incident constituted the Aggravated Battery.

INSTRUCTION NO. 14

In order for the defendant to be guilty of Aggravated Battery as charged in Count I, the state must prove each of the following:

1. On or about March 6, 2009
2. in the state of Idaho
3. the defendant, Lazarus Salazar, committed a battery upon Alfonso Olmos
4. by stabbing him with a sharp instrument in the abdomen, and
5. when doing so the defendant used a deadly weapon

OR IN THE ALTERNATIVE

4. by causing a puncture wound in the abdomen of Alfonso Olmos, and
5. when doing so the defendant caused great bodily harm, permanent disability, or permanent disfigurement.

If any of the above has not been proven beyond a reasonable doubt, you must find the defendant not guilty. If each of the above has been proven beyond a reasonable doubt, then you must find the defendant guilty.

INSTRUCTION NO. 15

In order for the defendant to be guilty of Aggravated Battery as charged in Count II, the state must prove each of the following:

1. On or about March 6, 2009
2. in the state of Idaho
3. the defendant, Lazarus Salazar, committed a battery upon John Rodriguez
4. by stabbing John Rodriguez with a sharp instrument in the back, and
5. when doing so the defendant used a deadly weapon

OR IN THE ALTERNATIVE

4. by causing a puncture wound in the back of John Rodriguez, and
5. when doing so the defendant caused great bodily harm, permanent disability, or permanent disfigurement.

If any of the above has not been proven beyond a reasonable doubt, you must find the defendant not guilty. If each of the above has been proven beyond a reasonable doubt, then you must find the defendant guilty.

INSTRUCTION NO. 16

A "battery" is committed when a person:

- (1) willfully and unlawfully uses force or violence upon the person of another; or
- (2) actually, intentionally and unlawfully touches or strikes another person against the will of the other; or
- (3) unlawfully and intentionally causes bodily harm to an individual.

INSTRUCTION NO. 17

A "deadly weapon or instrument" is one likely to produce death or great bodily injury. It also includes any other object that is capable of being used in a deadly or dangerous manner if the person intends to use it as a weapon.

INSTRUCTION NO. 18

It is alleged that the crime charged was committed “on or about” a certain date. If you find the crime was committed, the proof need not show that it was committed on that precise date.

INSTRUCTION NO. 19

In this case, you will return a special verdict, consisting of a series of questions which you should answer. There are individual questions about your findings on specific factual issues. Since the explanations on the form which you have are part of my instructions to you, I will read the verdict form to you and explain it. It reads:

We, the Jury, duly impaneled and sworn to try the above-entitled action, for our verdict, unanimously answer the questions submitted to us as follows:

QUESTION NO. 1: Is defendant Lazarus Salazar not guilty or guilty of Aggravated Battery as charged in Count I?

Not Guilty _____ **Guilty** _____

If you answer Question No. 1, "Guilty" you must answer both Question No. 1A and Question No. 1B. If you answer Question No. 1 "Not Guilty," proceed to Question No. 2.

QUESTION 1A: Do you find beyond a reasonable doubt that the defendant, Lazarus Salazar, committed Aggravated Battery in Count I with a deadly weapon?

YES _____ **NO** _____

QUESTION 1B: Do you find beyond a reasonable doubt that the defendant, Lazarus Salazar, committed Aggravated Battery in Count I by causing great bodily harm, permanent disability, or permanent disfigurement?

YES _____ **NO** _____

QUESTION NO. 2: Is defendant Lazarus Salazar not guilty or guilty of Aggravated Battery as charged in Count II?

Not Guilty _____ **Guilty** _____

If you answer Question No. 2, "Guilty" you must answer both Question No. 2A and Question No. 2B.

QUESTION 2A: Do you find beyond a reasonable doubt that the defendant, Lazarus Salazar, committed Aggravated Battery in Count II with a deadly weapon?

YES _____ **NO** _____

QUESTION 2B: Do you find beyond a reasonable doubt that the defendant, Lazarus Salazar, committed Aggravated Battery in Count II by causing great bodily harm, permanent disability, or permanent disfigurement?

YES _____ **NO** _____

You are done. The presiding juror must sign the verdict form and inform the bailiff.

Dated this ____ day of February, 2010

Presiding Juror

INSTRUCTION NO. 20

A defendant in a criminal trial has a constitutional right not to be compelled to testify. The decision whether to testify is left to the defendant, acting with the advice and assistance of the defendant's lawyer. You must not draw any inference of guilt from the fact that the defendant does not testify, nor should this fact be discussed by you or enter into your deliberations in any way.

INSTRUCTION NO. 21

Do not concern yourself with the subject of penalty or punishment. That subject must not in any way affect your verdict. If you find the defendant guilty, it will be my duty to determine the appropriate penalty or punishment.

INSTRUCTION NO. 22

I have outlined for you the rules of law applicable to this case and have told you of some of the matters which you may consider in weighing the evidence to determine the facts. In a few minutes counsel will present their closing remarks to you, and then you will retire to the jury room for your deliberations.

The arguments and statements of the attorneys are not evidence. If you remember the facts differently from the way the attorneys have stated them, you should base your decision on what you remember.

The attitude and conduct of jurors at the beginning of your deliberations are important. It is rarely productive at the outset for you to make an emphatic expression of your opinion on the case or to state how you intend to vote. When you do that at the beginning, your sense of pride may be aroused, and you may hesitate to change your position even if shown that it is wrong. Remember that you are not partisans or advocates, but are judges. For you, as for me, there can be no triumph except in the ascertainment and declaration of the truth.

As jurors you have a duty to consult with one another and to deliberate before making your individual decisions. You may fully and fairly discuss among yourselves all of the evidence you have seen and heard in this courtroom about this case, together with the law that relates to this case as contained in these instructions.

During your deliberations, you each have a right to re-examine your own views and change your opinion. You should only do so if you are convinced by fair and honest discussion that your original opinion was incorrect based upon the evidence the jury saw and heard during the trial and the law as given you in these instructions.

Consult with one another. Consider each other's views, and deliberate with the objective of reaching an agreement, if you can do so without disturbing your individual judgment. Each of you must decide this case for yourself; but you should do so only after a discussion and consideration of the case with your fellow jurors.

However, none of you should surrender your honest opinion as to the weight or effect of evidence or as to the innocence or guilt of the defendant because the majority of the jury feels otherwise or for the purpose of returning a unanimous verdict.

INSTRUCTION NO. 23

You have been instructed as to all the rules of law that may be necessary for you to reach a verdict. Whether some of the instructions apply will depend upon your determination of the facts. You will disregard any instruction which applies to a state of facts which you determine does not exist. You must not conclude from the fact that an instruction has been given that the Court is expressing any opinion as to the facts.

INSTRUCTION NO. 24

The original instructions and the exhibits will be with you in the jury room. They are part of the official court record. For this reason please do not alter them or mark on them in any way.

The instructions are numbered for convenience in referring to specific instructions. There may or may not be a gap in the numbering of the instructions. If there is, you should not concern yourselves about such gap.

INSTRUCTION NO. 25

Upon retiring to the jury room, select one of you as a presiding juror, who will preside over your deliberations. It is that person's duty to see that discussion is orderly; that the issues submitted for your decision are fully and fairly discussed; and that every juror has a chance to express himself or herself upon each question.

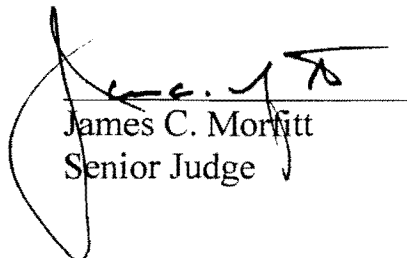
In this case, your verdicts must be unanimous. When you all arrive at your verdicts, the presiding juror will sign it and you will return it into open court.

Your verdicts in this case cannot be arrived at by chance, by lot, or by compromise.

If, after considering all of the instructions in their entirety, and after having fully discussed the evidence before you, the jury determines that it is necessary to communicate with me, you may send a signed note by the bailiff. You are not to reveal to me or anyone else how the jury stands until you have reached a verdict or unless you are instructed by me to do so.

A special verdict form suitable to any conclusion you may reach will be submitted to you with these instructions.

DATED This 24TH day of FEBRUARY, 2009.


James C. Morfitt
Senior Judge

RECEIVED

NOV 22 2010

STATE APPELLATE
PUBLIC DEFENDER

FILED
A.M. 1:15 P.M.

FEB 24 2010

CANYON COUNTY CLERK
G. HERNANDEZ, DEPUTY

—
Question #1
Juror 620
Can the jury have a magnifying glass?

RECEIVED

NOV 22 2010

STATE APPELLATE
PUBLIC DEFENDER

FILED
A.M. 4:5 P.M.

FEB 24 2010

CANYON COUNTY CLERK
G HERNANDEZ, DEPUTY

Juror 620

Question #2

The jury would like a photograph of the
defendant.

ANSWER TO JURY QUESTION NO. 2

The law requires that your decision in this case be based solely upon the evidence presented in court.

RECEIVED

12/2/09

STATE APPELLATE
PUBLIC DEFENDER

INSTRUCTION NO. 26

FILED
A.M. 3:15 P.M.

FEB 25 2010

CANYON COUNTY CLERK
G HERNANDEZ, DEPUTY

Members of the jury, having returned your verdict finding the defendant guilty of two counts of Aggravated Battery, I must advise you that there is a further matter that you must consider.

The State has also filed a Part II to the Information as to each count. I will read the Part II of the Information to you at this time.

INSTRUCTION NO. 27

The defendant has entered his pleas of “not guilty” to the allegations in Part II of the Information. Defendant’s pleas of “not guilty” put in issue every material allegation contained in Part II of the Information.

Part II of the Information is simply a formal method of accusing the defendant; it is not evidence for any purpose.

INSTRUCTION NO. 28

Having found the defendant guilty of two counts of Aggravated Battery, you must next consider whether the State has proved that the defendant committed each of those offenses knowingly for the benefit or at the direction of, or in association with, a criminal gang.

The State must prove each of the following allegations beyond a reasonable doubt with respect to each offense:

1. The defendant knowingly committed the offense of Aggravated Battery for the benefit of, at the direction of, or in association with any criminal gang or criminal gang member; and
2. The defendant committed the offense with the specific intent to promote, further or assist the activities of the criminal gang.

If you unanimously find beyond a reasonable doubt that the defendant committed each offense of Aggravated Battery knowingly for the benefit or at the direction of, or in association with, a criminal gang, then you must so indicate on the verdict form submitted to you. If, on the other hand, you cannot make such a finding, then you must make that indication on the verdict form.

INSTRUCTION NO. 29

“Criminal gang” means an ongoing organization, association, or group of three (3) or more persons, whether formal or informal:

1. that has a common name or common identifying sign or symbol;
2. that has, as one (1) of its primary activities, the commission of one (1) or more of the following criminal acts: assault; battery; robbery; burglary; any offense that involves possession with intent to deliver a controlled substance or distribution, delivery, or manufacturing of a controlled substance; or any unlawful use of a weapon that is a felony; and
3. whose members, individually or collectively, engage in or have engaged in a pattern of criminal gang activity.

INSTRUCTION NO. 30

“Criminal gang member” means any person who engages in a pattern of criminal gang activity and who meets two (2) or more of the following criteria:

1. Admits to gang membership;
2. Is identified as a gang member;
3. Resides in or frequents a particular gang’s area and adopts its style of dress, its use of hand signals, or its tattoos, and associates with known gang members;
4. Is identified as a gang member by physical evidence such as photographs or other documentation.

INSTRUCTION NO. 31

A “pattern of criminal gang activity” means:

1. the commission, attempted commission, or solicitation of two (2) or more of the following offenses: Robbery; aggravated battery; battery; or any offense that involves possession with intent to deliver a controlled substance or distribution, delivery, or manufacturing of a controlled substance; and
2. the offenses were committed on separate occasions or were committed by two (2) or more gang members.

In order to find the existence of a pattern of criminal gang activity, you all must agree that two or more crimes that satisfy these requirements were committed.

INSTRUCTION NO. 31

In this portion of the case, you will return a verdict consisting of a series of questions. Although the explanations on the verdict form are self explanatory, they are part of my instructions to you. I will now read the verdict form to you. It states:

“We, the Jury, duly impaneled and sworn to try the above-entitled action, for our verdict, unanimously answer the questions submitted to us as follows:

COUNT I – Part II

Question No. 1: Did defendant Lazarus Salazar commit the offense of Aggravated Battery upon Alfonso Olmos knowingly for the benefit or at the direction of, or in association with, a criminal gang or criminal gang member?

YES _____ **NO** _____

If you unanimously answered Question No. 1 “Yes,” then proceed to answer Question No. 2. If you unanimously answered Question No. 1 “No,” then proceed to Count II – Part II.

Question No. 2: Did defendant Lazarus Salazar commit the offense of Aggravated Battery upon Alfonso Olmos with the specific intent to promote, further, or assist the activities of a criminal gang?

YES _____ NO _____

COUNT II – Part II

Question No. 1: Did defendant Lazarus Salazar commit the offense of Aggravated Battery upon John Rodriguez knowingly for the benefit or at the direction of, or in association with, a criminal gang or criminal gang member?

YES _____ NO _____

If you unanimously answered Question No. 1 “Yes,” then proceed to answer Question No. 2. If you unanimously answered Question No. 1 “No,” then you should simply sign the verdict form and advise the bailiff.

Question No. 2: Did defendant Lazarus Salazar commit the offense of Aggravated Battery upon John Rodriguez with the specific intent to promote, further, or assist the activities of a criminal gang?

YES _____ NO _____.”

The verdict form then has a place for it to be dated and signed.

RECEIVED

JUL 7 2 2010

STATE APPELLATE
PUBLIC DEFENDER

002/007

F I L E D
A.M. P.M.

JUL 07 2010

CANYON COUNTY CLERK
B RAYNE, DEPUTY

Greg H. Bower
Ada County Prosecuting Attorney
Special Prosecuting Attorney for Canyon County

Christopher S. Atwood
Special Prosecuting Attorney for Canyon County
200 West Front Street, Room 3191
Boise, Idaho 83702
Telephone: (208) 287-7700
Fax: (208)-287-7709

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

**MOTION FOR RESTITUTION
AND JUDGMENT**

COMES NOW, Christopher S. Atwood, Special Prosecuting Attorney, in and for the County of Canyon, State of Idaho, and moves this court pursuant to Idaho Code §19-5304(2) for a restitution judgment in the amount of \$47,257.57, based upon the attached "Restitution Account Case History" and following information:

OLMOS ALFONSO	<u>\$300.00</u>
MERCY MEDICAL CENTER	<u>\$7,689.65</u>
WEST VALLEY MEDICAL CENTER	<u>\$1,454.00</u>
ST. ALPHONSUS HOSPITAL	<u>\$23,899.89</u>

MOTION FOR RESTITUTION AND JUDGMENT,
(SALAZAR/CR-2009-36064), Page 1

IDAHO EMERGENCY PHYSICIANS
PRACTICE MANAGEMENT
BLUE CROSS OF IDAHO SUBROGATION


\$20.30
\$2,511.81
\$11,381.92

TOTAL:

\$47,257.57

DATED this 7th day of July

GREG H. BOWER
Ada County Prosecuting Attorney


By: **Christopher S. Atwood**
Special Deputy Prosecuting Attorney

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 7th day of July,
2010, I caused to be served a true and correct copy of the foregoing document to: William
Schwartz, Attorney for Defendant, by the method indicated below:

☐ INTERDEPARTMENTAL MAIL
☐ U.S. MAIL, Postage Prepaid
☒ FACSIMILE TRANSMISSION
☐ HAND-DELIVERY



Restitution Account Case History

M0925SPL0		Restitution Amt	\$47,257.57
Defendant		Restitution Ctl	\$0.00
SALAZAR LAZARUS		Payment Amt	\$0.00
Sentence Date 1/1/1			
Close Date 1/1/1			
		Received	\$0.00
		Paid	\$0.00
		Trust	\$0.00
		Direct	\$0.00
		Joint & Several	\$0.00
Victim		Balance	\$47,257.57
BLUE CROSS OF IDAHO SUBROGATION		Received	\$0.00
PO BOX 7408		Due	\$11,381.92
BOISE, ID 83707-0000		Victim Amt	\$11,381.92
Olmos		Status	I INACTIVE
IDAHO EMERGENCY PHYSICIANS		Received	\$0.00
PO BOX 4008		Due	\$20.30
BOISE, ID 83711-0000		Victim Amt	\$20.30
		Status	I INACTIVE
MERCY MEDICAL CENTER		Received	\$0.00
1512 12TH AVE RD		Due	\$778.64
NAMPA, ID 83686-0000		Victim Amt	\$778.64
Attn: cherrie			
		Status	I INACTIVE
MERCY MEDICAL CENTER		Received	\$0.00
1512 12TH AVE RD		Due	\$6,911.01
NAMPA, ID 83686-0000		Victim Amt	\$6,911.01
Attn: cherrie			
		Status	I INACTIVE
OLMOS ALFONSO		Received	\$0.00
		Due	\$300.00
		Victim Amt	\$300.00
deductible/co-pay		Status	I INACTIVE
PRACTICE MANAGEMENT		Received	\$0.00
1755 WESTGAGE #250		Due	\$80.30
BOISE, ID 83704-0000		Victim Amt	\$80.30
Nampa Radiologists Olmos		Status	I INACTIVE
PRACTICE MANAGEMENT		Received	\$0.00
1755 WESTGAGE #250		Due	\$246.88
BOISE, ID 83704-0000		Victim Amt	\$246.88
Gem State Radiology Olmos		Status	I INACTIVE

Restitution Account Case History

PRACTICE MANAGEMENT
1755 WESTGAGE #250
BOISE, ID 83704-0000

Received \$0.00
Due \$406.53
Victim Amt \$406.53

St. Al's Trauma Rodriguez

Status I INACTIVE

PRACTICE MANAGEMENT
1755 WESTGAGE #250
BOISE, ID 83704-0000

Received \$0.00
Due \$677.00
Victim Amt \$677.00

Nampa Radiologists Rodriguez

Status I INACTIVE

PRACTICE MANAGEMENT
1755 WESTGAGE #250
BOISE, ID 83704-0000

Received \$0.00
Due \$1,101.10
Victim Amt \$1,101.10

Gem State Radiology Rodriguez

Status I INACTIVE

ST. ALPHONSUS HOSPITAL
PO BOX 190930
BOISE, ID 83719-0000

Received \$0.00
Due \$2,578.00
Victim Amt \$2,578.00

Status I INACTIVE

ST. ALPHONSUS HOSPITAL
PO BOX 190930
BOISE, ID 83719-0000

Received \$0.00
Due \$21,321.89
Victim Amt \$21,321.89

Status I INACTIVE

WEST VALLEY MEDICAL CENTER
1717 ARLINGTON AVE.
CALDWELL, ID 83605-0000

Received \$0.00
Due \$1,454.00
Victim Amt \$1,454.00

Status I INACTIVE

Olmos

Transactions

Date	Amount	Description	Victim	Check #	Type
------	--------	-------------	--------	---------	------

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AUG 22 2010

STATE APPELLATE
PUBLIC DEFENDER

FILED
AUG 23 2010
P.M.

AUG 23 2010

CANYON COUNTY CLERK
S FENNELL, DEPUTY

Greg H. Bower

Ada County Prosecuting Attorney

Special Prosecuting Attorney for Canyon County

Christopher S. Atwood

Special Prosecuting Attorney for Canyon County

200 West Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

Fax: (208)-287-7709

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF

THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

ORDER FOR RESTITUTION
AND JUDGMENT

WHEREAS, on the 14 day of June, 2010 a Judgment of Conviction was entered against the Defendant, Lazarus Salazar; and therefore pursuant to Idaho Code §19-5304(2) and based on evidence presented to this Court;

IT IS HEREBY ORDERED, that the Defendant, Lazarus Salazar, shall make restitution to the victim(s) in the following amounts of:

OLMOS ALFONSO	<u>\$300.00</u>
MERCY MEDICAL CENTER	<u>\$7,689.65</u>
WEST VALLEY MEDICAL CENTER	<u>\$1,454.00</u>
ST. ALPHONSUS HOSPITAL	<u>\$23,899.89</u>
IDAHO EMERGENCY PHYSICIANS	<u>\$20.30</u>
PRACTICE MANAGEMENT	<u>\$2,511.81</u>
BLUE CROSS OF IDAHO SUBROGATION	<u>\$11,381.92</u>

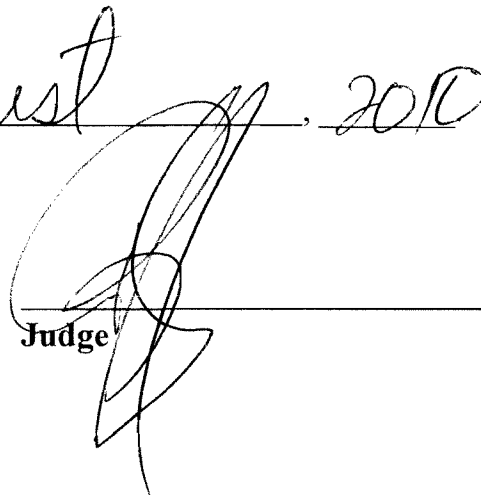
TOTAL: **\$47,257.57**

Interest on said restitution amount shall be computed at _____% per annum.

FURTHER, pursuant to I.C. 19-5305 this Order may be recorded as a judgment against the Defendant, Lazarus Salazar, and the listed victim(s) may execute as provided by law for civil judgments.

IT IS SO ORDERED.

DATED this 23 day of August, 2010



Judge

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,)	
)	
Plaintiff,	)	Case No. CR-2009-36064
)	
vs.	)	AFFIDAVIT IN SUPPORT OF
	)	RESTITUTION REQUEST
Lazarus Salazar,)	
)	
Defendant.)	
_____)	

STATE OF IDAHO)	
	)	ss.
County of Canyon)	

I, Representative of St. Alphonsus Regional Medical Center, being first duly
sworn, upon oath, depose and say:

1. A St. Alphonsus Regional Medical Center patient, John Rodriguez, was
the victim of Aggravated Battery that occurred on the 6th day of March,
2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.
3. Attached hereto is exhibit "E", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to be \$21,321.89 (Acct. #A09066-00085) and \$2,578.00 (Acct. #A09072-06155), paid to:

St. Alphonsus Regional Medical Center
1055 N. Curtis Rd.
Boise, ID 83706

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Signature

Printed name

SUBSCRIBED AND SWORN to before me this ____ day of _____, _____.

Notary Public

Residing at: _____, Idaho.

Commission Expires: _____

TIME RECEIVED
June 16, 2010 4:18:43 PM MDT

REMOTE CSID
367 3016

DURATION
390

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367 3016

03:13:03 p.m. 06-16-2010

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Saint Alphonsus
Regional Medical Center
PO Box 190930
Boise, Idaho 83719

Billing Office: 208-367-2130
800-358-8407

Date Printed: 06/16/2010
Tax ID Number: 82-0200895

EXHIBIT "E"

ACCOUNT NUMBER

Patient Name	Admit Date	Discharge Date	Page
RODRIGUEZ,JOHN	03/07/09	03/09/09	8
Name & Address: PEDRO RODRIGUEZ			
Insurance Information (Primary prints first, only first two insurances will print)			
NO INSURANCE			

Posting Date	Service Code	Service Description	Quantity	Charge
		TOTAL CHARGES		21,321.89
		TOTAL OTHER ADJUSTMENTS		0.00
		TOTAL INSURANCE PAYMENTS AND ADJUSTMENTS		0.00
		TOTAL PATIENT PAYMENTS		0.00
		TOTAL ACCOUNT BALANCE		21,321.89

THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

Current Balance * 21,321.89

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 1.8% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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367 3016

03:13:45 p.m. 06-16-2010

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Saint Alphonsus **Regional Medical Center**

PO Box 190930
Boise, Idaho 83719

Billing Office: 208-367-2130
800-358-6407

Date Printed: 06/16/2010
Tax ID Number: 82-0200895

ACCOUNT NUMBER

Patient Name	Admit Date	Discharge Date	Page
RODRIGUEZ,JOHN	03/07/09	03/09/09	5
Name & Address: PEDRO RODRIGUEZ			
Insurance Information (Primary prints first, only first two insurance will print)			
NO INSURANCE			

Posting Date	Service Code	Service Description	Quantity	Charge
03/07/09	020148	HYDROCODONE/APAP 10/325 TAB	1	8.38
03/07/09	020148	HYDROCODONE/APAP 10/325 TAB	1	8.38
03/07/09	020148	HYDROCODONE/APAP 10/325 TAB	1	8.38
03/08/09	020148	HYDROCODONE/APAP 10/325 TAB	1	7.98
03/08/09	020148	HYDROCODONE/APAP 10/325 TAB	1	7.98
03/08/09	020148	HYDROCODONE/APAP 10/325 TAB	1	7.98
03/09/09	020148	HYDROCODONE/APAP 10/325 TAB	1	7.98
03/09/09	020148	HYDROCODONE/APAP 10/325 TAB	1	7.98
03/09/09	021026	FAMOTIDINE 20MG TABLET	2	11.45
03/09/09	021026	FAMOTIDINE 20MG TABLET	-1	5.72CR
03/09/09	021026	FAMOTIDINE 20MG TABLET	-1	5.72CR
		AREA TOTAL ***		85.35
	***940	OTHER THERAPEUTIC SERVICES		
03/07/09	032023	IV PUSH, EACH NEW DRUG	3	189.00
		AREA TOTAL ***		189.00
	***960	PROFESSIONAL FEE,		
03/07/09	021005	REPAIR WOUND 2.5 CM OR LESS	1	277.00
03/07/09	021118	CRITICAL CARE, 30 - 74 MINUTES 25	1	547.00
		AREA TOTAL ***		824.00
02/23/10		PUBLIC AID Payments and Adjustments		0.00
11/30/09		CHARITY		21,221.89CR
12/31/09		CHARITY		21,221.89
				Continued

△ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

Current Balance *

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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367 3016

03:14:39 p.m. 06-16-2010

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Saint Alphonsus
Regional Medical Center
PO Box 190930
Boise, Idaho 83719

Billing Office: 208-367-2130
800-358-8407

Date Printed: 06/16/2010
Tax ID Number: 82-0200895

ACCOUNT NUMBER

Patient Name	Admit Date	Discharge Date	Page
RODRIGUEZ, JOHN	03/07/09	03/09/09	4
Name & Address: PEDRO RODRIGUEZ			
<div style="border: 1px solid black; padding: 5px;"> <p>Insurance Information Primary: print first, only first two insurances will print</p> <p align="center">NO INSURANCE</p> </div>			

Posting Date	Service Code	Service Description	Quantity	Charge
		AREA TOTAL ***		250.00
	***410	RESPIRATORY SERVICES		
03/07/09	060082	INCENTIVE SPIROMETRY-INITIAL INST	1	41.00
		AREA TOTAL ***		41.00
	***450	EMERGENCY ROOM		
03/07/09	034007	TRAUMA CARE I	1	9,000.00
03/07/09	034104	EMERGENCY CARE - LEVEL 4 W/ PROC	1	765.00
03/07/09	034109	VACCINE ADMIN INJECTION (ERA)	1	31.00
03/07/09	034191	FOLEY CATH INSERT SIMPLE	1	106.00
03/07/09	060238	RESP RAPID RESPNS/LV TRAUMA 15MIN	1	52.00
		AREA TOTAL ***		9,954.00
	***459	EMERGENCY DEPT OTHER SERVICES		
03/07/09	034221	LACERATION REPAIR	1	225.00
		AREA TOTAL ***		225.00
	***460	PULMONARY SERVICES		
03/07/09	034254	PULSE OX IMETER CONTINUOUS	1	77.00
		AREA TOTAL ***		77.00
	***636	DRUGS REQUIRING DETAIL CODING		
03/07/09	021803	ONDANSETRON 2MG/ML	4	29.40
03/07/09	021803	ONDANSETRON 2MG/ML IV	4	29.40
03/07/09	023119	**INFLUENZA VIRUS 0.5ML SYRINGE	1	20.00
03/07/09	024240	TETANUS AND DIPHTHERIA VACCINE ADULT	1	91.52
03/07/09	041181	CT LOCM 300-399 MG/ML	100	85.00
03/09/09	020858	DIPHENHYDRAMINE 25MG MINITB	1	1.97
03/09/09	041161	CT LOCM 300-399 MG/ML	100	85.00
		AREA TOTAL ***		302.29
	***637	DRUGS/SELF ADMINISTERED		
03/07/09	020148	HYDROCODONE/APAP 10/325 TAB	1	6.36

⚠ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
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Current Balance *

Continued

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. True adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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03:15:35 p.m. 06-16-2010

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Billing Office: 208-367-2130
800-358-6407

Date Printed: 06/16/2010
Tax ID Number: 82-0200895

ACCOUNT NUMBER

Pattern Name	Admit Date	Discharge Date	Page
RODRIGUEZ,JOHN	03/07/09	03/09/09	3

Name & Address:
PEDRO RODRIGUEZ

Insurance Information:
(Primary plans first; only first two insurances will print)

NO INSURANCE

Posting Date	Service Code	Service Description	Quantity	Charge
03/07/09	090020	ANTIBODY SCREEN	1	72.00
03/07/09	090681	**ABO.	1	47.00
03/07/09	090662	**RH.	1	48.00
03/08/09	086860	CROSSMATCH IMMEDIATE SPIN	-2	108.00CR
		AREA TOTAL ***		273.00
	***305	LAB/HEMATOLOGY		
03/07/09	090044	CBC WITH NO DIFF	1	60.00
03/07/09	092154	**HEMOGLOBIN	1	25.00
03/07/09	092154	**HEMOGLOBIN	1	25.00
03/07/09	092154	**HEMOGLOBIN	1	25.00
03/07/09	092155	**HEMATOCRIT	1	25.00
03/07/09	092155	**HEMATOCRIT	1	25.00
03/07/09	092155	**HEMATOCRIT	1	25.00
03/08/09	092154	**HEMOGLOBIN	1	25.00
03/08/09	092154	**HEMOGLOBIN	1	25.00
03/08/09	092155	**HEMATOCRIT	1	25.00
03/08/09	092155	**HEMATOCRIT	1	25.00
		AREA TOTAL ***		310.00
	***324	DIAGNOSTIC RAD/CHEST		
03/07/09	090001	XR CHEST 1 VIEW PORTABLE	1	183.00
		AREA TOTAL ***		183.00
	***352	CT SCAN/BODY		
03/07/09	041228	CT ABDOMEN WITH CONTRAST	1	1,382.00
03/07/09	041248	CT PELVIS WITH CONTRAST	1	943.00
03/09/09	041236	CT ABDOMEN WOW CONTRAST	1	1,573.00
03/09/09	041254	CT PELVIS WOW CONTRAST	1	1,189.00
		AREA TOTAL ***		5,087.00
	***402	ULTRASOUND		
03/07/09	032057	US LIMITED ABDOMEN BY ER DR	1	250.00

▲ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

Current Balance *

Continued

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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Saint Alphonsus
Regional Medical Center
PO Box 190930
Boise, Idaho 83719

Billing Office: 208-367-2130
800-358-6407

Date Printed: 06/16/2010
Tax ID Number: 82-0200885

ACCOUNT NUMBER

Patient Name	Admit Date	Discharge Date	Page
RODRIGUEZ,JOHN	03/07/09	03/09/09	2
Name & Address: PEDRO RODRIGUEZ			
Insurance Information: (Primary payer first, only first two insurances will print)			
NO INSURANCE			

Posting Date	Service Code	Service Description	Quantity	Charge
03/07/09	070008	D5% NS 1000CC	1	81.00
03/07/09	070032	NACL 1000CC	1	81.00
03/07/09	070032	NACL 1000CC	1	81.00
03/08/09	070009	D5% NS 1000CC	1	81.00
03/08/09	070009	D5% NS 1000CC	1	81.00
		AREA TOTAL ***		405.00
	***260	IV THERAPY		
03/07/09	032017	INFUSION, MEDS, FIRST HR	1	233.00
		AREA TOTAL ***		233.00
	***270	MED/SURG SUPPLIES		
03/07/09	032041	O2 ADMINISTRATION/SUPPLIES	1	39.00
03/07/09	060008	OXYGEN SET UP	1	45.00
03/07/09	060205	OXYGEN, DAILY	1	168.00
03/07/09	081492	CUFF FLOWTRON THIGH DISPOSABLE	1	101.00
		AREA TOTAL ***		343.00
	***300	LABORATORY		
03/07/09	034023	ED LAB DRAW FEE	1	15.00
03/07/09	091951	HEMOGLOBIN AND HEMATOCRIT PANEL	-1	0.00
03/07/09	093279	EXTRA LABELS	1	0.00
03/08/09	091951	HEMOGLOBIN AND HEMATOCRIT PANEL	-1	0.00
		AREA TOTAL ***		15.00
	***301	LAB/CHEMISTRY		
03/07/09	090014	AMYLASE SERUM	1	38.00
03/07/09	092178	CHEM PANEL, COMPREHENS, METABOLIC	1	132.00
03/07/09	093874	# GLUCOSE, POINT OF CARE	1	21.00
03/07/09	093874	# GLUCOSE, POINT OF CARE	1	21.00
		AREA TOTAL ***		212.00
	***302	LAB/IMMUNOLOGY		
03/07/09	086860	CROSSMATCH IMMEDIATE SPIN	4	216.00

⚠ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
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Current Balance *

Continued

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

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367 3016

03:17:27 p.m. 06-16-2010

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Saint Alphonse
Regional Medical Center
PO Box 190930
Boise, Idaho 83719

Billing Office: 208-367-2130
800-358-6407

Date Printed: 06/16/2010
Tax ID Number: 82-0200895

ACCOUNT NUMBER

Patient Name	Admit Date	Discharge Date	Page
RODRIGUEZ, JOHN	03/07/09	03/09/09	1

Name & Address:
PEDRO RODRIGUEZ

Insurance Information
Primary prints first, only first two insurances will print.

NO INSURANCE

Posting Date	Service Code	Service Description	Quantity	Charge
	***110	PRIVATE ROOM		
03/07/09	013001	ROOM 8218 P	1	762.00
03/08/09	013001	ROOM 8218 P	1	762.00
		AREA TOTAL ***		1,524.00
	***250	PHARMACY		
03/07/09	021258	HYDROMORPHONE 2MG/ML SYRIN	1	34.28
03/07/09	021433	LIDOCAINE HCL 2% JELLY	1	23.23
03/07/09	021647	MORPHINE 2MG/ML CARPUJECT	1	32.82
03/07/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/07/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/07/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/07/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/07/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/07/09	023161	SODIUM CHLORIDE 0.9% FLUSH	1	33.43
03/07/09	023444	FAMOTIDINE IV	1	28.27
03/07/09	023444	FAMOTIDINE IV	1	28.27
03/07/09	023444	FAMOTIDINE IV	1	28.27
03/07/09	023628	CEFAZOLIN 1 GM/10 ML SYRINGE	1	43.82
03/07/09	023628	CEFAZOLIN 1 GM/10 ML SYRINGE	2	87.64
03/08/09	020356	BACITRACIN ZINC OINTMENT	2	3.94
03/08/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/08/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/08/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/08/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/08/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/08/09	023161	SODIUM CHLORIDE 0.9% FLUSH	1	33.43
03/08/09	023444	FAMOTIDINE IV	1	28.27
03/08/09	023444	FAMOTIDINE IV	1	28.27
03/09/09	021651	MORPHINE 4MG/ML CARPUJECT	1	32.90
03/09/09	023161	SODIUM CHLORIDE 0.9% FLUSH	1	33.43
		AREA TOTAL ***		829.25
	***258	IV AND TRAYS		

△ THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

Current Balance *

Continued

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

6

TIME RECEIVED
June 16, 2010 4:18:43 PM MDT

REMOTE CSID
367 3016

DURAT
390

PAGES
7

STATUS
Received

367 3016

03:18:26 p.m. 06-16-2010

7/7



Saint Alphonsus
Regional Medical Center
PO Box 190930
Boise, Idaho 83719

Billing Office: 208-367-2130
800-358-6407

Date Printed: 06/16/2010
Tax ID Number: 82-0200895

ACCOUNT NUMBER

Patient Name	Admit Date	Discharge Date	Page
RODRIGUEZ, JOHN	03/13/09	03/13/09	1

Name & Address:
PEDRO RODRIGUEZ

Insurance Information
Primary payer first, only first two insurances will print

NO INSURANCE

Posting Date	Service Code	Service Description	Quantity	Charge
03/13/09	***324 090030	DIAGNOSTIC RAD/CHEST XR CHEST 2 VIEWS PA AND LAT AREA TOTAL ***	1	208.00 208.00
03/13/09	***352 041228	CT SCAN/BODY CT ABDOMEN WITH CONTRAST	1	1,362.00
03/13/09	041248	CT PELVIS WITH CONTRAST AREA TOTAL ***	1	943.00 2,305.00
03/13/09	***636 041161	DRUGS REQUIRING DETAIL CODING CT LOCM 300-399 MG/ML AREA TOTAL ***	100	65.00 65.00
11/30/09		CHARITY		2,478.00CR
12/31/09		CHARITY		2,478.00
		TOTAL CHARGES		2,578.00
		TOTAL OTHER ADJUSTMENTS		0.00
		TOTAL INSURANCE PAYMENTS AND ADJUSTMENTS		0.00
		TOTAL PATIENT PAYMENTS		0.00
		TOTAL ACCOUNT BALANCE		2,578.00

THE DATES SHOWN ABOVE IN LEFT MARGIN REPRESENT POSTING DATES AND NOT NECESSARILY DATE OF SERVICE.
NOTE: ANY UNPAID DEDUCTIBLE, CO-INSURANCE AND NON-COVERED CHARGES ARE DUE UPON RECEIPT OF THIS BILL.

Current Balance * 2,578.00

FINANCE CHARGE: We compute the FINANCE CHARGE at a periodic rate 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 18% applied to the "adjusted balance" of your account. The adjusted balance is determined by taking the balance owed at the end of the previous billing cycle and subtracting all payments and credits received during the present billing cycle. Payments or credits received after the above billing statement will appear on your next statement.

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST

STATE OF IDAHO)

ss.

County of Canyon)

I, Representative of West Valley Medical Center, being first duly sworn, upon
oath, depose and say:

1. A West Valley Medical Center patient, Alfonso Olmos, was the victim
of Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "D", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to be \$1,454.00 (Acct. #M0400164083/Medical Record #113849), paid to:

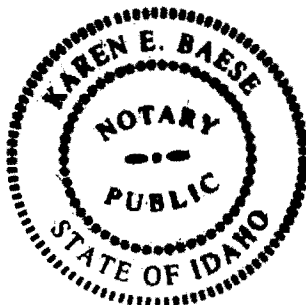
West Valley Medical Center
1717 Arlington Ave.
Caldwell, ID 83605

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Kayla M Elston
Signature

Kayla M Elston
Printed name

SUBSCRIBED AND SWORN to before me this 18 day of August, 2010.



K E Baese
Notary Public
Residing at: Caldwell, Idaho.
Commission Expires: 3-17-14

BRO7 PAT INQ-FINANCIAL UNIT: 00092 FILE DATE: 08/17/10 REFER: 3-18-1

=====

PAT #:	400164083	PT:	I	ADM:	03/13/09	FBIL:	03/19/09	BAL:	1,454.00		
PAT NAME:	OLMOS ALFONS	FC:	08	DIS:	03/15/09	PHYS:	0270	ROOM:	237B	STAT:	CA

=====

=====FINANCIAL INFORMATION=====

TOTAL CHARGES	NONBILL	CHGS	PAYMENTS	ADJUSTMENTS	UNPST	LT	CHG	ACCOUNT	BAL
14,845.41		.00	5,816.02	7,575.39			.00		1,454.00

-----INS1-----INS2-----INS3-----PATIENT----

CURRENT PLN:	003-84-1
INS DESC:	003-84-1
CLAIM DATE:	03/20/09

EST LIABTY:	19,391.41	1,454.00
ACT PAYMENT:	5,816.02	.00
ADJUSTMENTS:	.00	.00
ALLOWANCES:	7,575.39	.00
NONBILL ADJ:		.00
BALANCE DUE:	.00	1,454.00

SYSTEM ADJ: 1,404.00 P |

MEMO: NOTES

ENTER-CONTINUE F1-HELP F3-EXIT F9-INS MAINT 12-LINK

ACT: PYMT

COVERAGE INFORMATION : ENTER "COVR" AT "ACT"

TIME RECEIVED
July 2, 2010 9:52:47 AM MDT

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232

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STATUS
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2084554022

09:51:30 a.m. 07-02-2010

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WEST VALLEY MEDICAL CNTR										16 PAY CMTL #		0111	
PO BOX 403025										17 MED REC #			
ATLANTA GA 30384-3025										18 FED TAX NO		000218	
PATIENT NAME										PATIENT ADDRESS			
OLMOS ALFONSO													
10 BIRTHDATE										11 SEX		12 DATE	
M										1		7 11 01	
13 ADMISSION										14 TYPE		15 BNC	
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16 DNR										17 STATE		18	
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Medical Claim Itemization

Printed 6/18/2010

Patient		Alfonso Olmos												
Enrollee ID														
Dates				Charges	Contractual Savings	Patient's Responsibility				Other Carrier Paid	Basic	Accident Supplement	Major Medical	(P)rovider (I)nsured
						Applied to Deductible	Copayment	Coinsurance	Noncovered					
From 03/06/09		090723616700												
Thru 03/06/09		HBWZ3 Roan, Peter G.		82.02	67.55	14.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 03/13/09														
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.												
From 03/06/09		090762265800												
Thru 03/06/09		39677 Giles, David J.		215.00	85.81	38.65	0.00	18.11	0.00	0.00	0.00	0.00	72.43	P
Rcvd 03/17/09														
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.												
From 03/06/09		090762265800												
Thru 03/06/09		39677 Giles, David J.		192.00	74.31	0.00	0.00	23.54	0.00	0.00	0.00	0.00	94.15	P
Rcvd 03/17/09														
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.												
From 03/07/09		090753867001												
Thru 03/08/09		00117 Mercy Medical Center		7,567.27	3,674.05	0.00	0.00	778.64	0.00	0.00	0.00	0.00	3,114.58	P
Rcvd 04/01/09														
EOB 04/06/09		AIQ The claim was adjusted based on information in the Accidental Injury form we received concerning this claim. Please login to bcidaho.com as a member to view additional details about your claim. DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.												
From 03/08/09		091252521200												
Thru 03/08/09		76861 Chown, Mark S.		156.50	156.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 05/01/09														
EOB 05/18/09		z z64 Our records show that the procedure identified was performed at a location where it is not typically performed.												
From 03/08/09		091550033200												
Thru 03/08/09		76861 Chown, Mark S.		156.50	0.00	0.00	0.00	31.30	0.00	0.00	0.00	0.00	125.20	P
Rcvd 05/27/09														
EOB 06/08/09														
From 03/09/09		091252521200												
Thru 03/09/09		76861 Chown, Mark S.		74.00	74.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 05/01/09														
EOB 05/18/09		z z64 Our records show that the procedure identified was performed at a location where it is not typically performed.												
From 03/09/09		091550033200												
Thru 03/09/09		76861 Chown, Mark S.		74.00	0.00	0.00	0.00	14.80	0.00	0.00	0.00	0.00	59.20	P
Rcvd 05/27/09														
EOB 06/08/09														
From 03/13/09		090782878500												
Thru 03/13/09		33126 Davey, Ian C.		162.80	45.11	117.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 03/19/09														
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.												



An Independent Licensee of the Blue Cross and Blue Shield Association

Medical Claim Itemization

Printed 6/18/2010

Patient		Alfonso Olmos													
Enrollee ID															
Dates				Charges	Contractual Savings	Patient's Responsibility				Other Carrier Paid	Basic	Accident Supplement	Major Medical	(P)rovider (I)nsured	
						Applied to Deductible	Copayment	Coinsurance	Noncovered						
From 03/13/09		090782878500													
Thru 03/13/09		33126 Davey, Ian C.		179.30	50.11	129.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P	
Rcvd 03/19/09															
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090793222300													
Thru 03/15/09		00380 West Valley Medical		14,845.41	7,575.39	0.00	0.00	1,454.00	0.00	0.00	0.00	0.00	5,816.02	P	
Rcvd 03/20/09															
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090863469800													
Thru 03/13/09		A4575 Price, Emily D.		900.00	315.50	0.00	0.00	116.90	0.00	0.00	0.00	0.00	467.60	P	
Rcvd 03/27/09															
EOB 04/20/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090863469800													
Thru 03/13/09		A4575 Price, Emily D.		180.00	180.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P	
Rcvd 03/27/09															
EOB 04/20/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
		z 245 The daily frequency for the procedure has been exceeded.													
From 03/13/09		090902454200													
Thru 03/13/09		59725 Agee, Jon M.		164.00	27.88	0.00	0.00	27.22	0.00	0.00	0.00	0.00	108.90	P	
Rcvd 03/31/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090902454200													
Thru 03/13/09		59725 Agee, Jon M.		2,462.00	818.65	0.00	0.00	328.67	0.00	0.00	0.00	0.00	1,314.68	P	
Rcvd 03/31/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090912537500													
Thru 03/13/09		47365 Thompson, Harold K.		638.00	376.55	0.00	0.00	52.29	0.00	0.00	0.00	0.00	209.16	P	
Rcvd 04/01/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090912537500													
Thru 03/13/09		47365 Thompson, Harold K.		47.00	47.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P	
Rcvd 04/01/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
Patient Totals:				28,095.80	13,568.41	300.00	0.00	2,845.47	0.00	0.00	0.00	0.00	11,381.92		
Report Totals:				28,095.80	13,568.41	300.00	0.00	2,845.47	0.00	0.00	0.00	0.00	11,381.92		

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

**AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST**

STATE OF IDAHO)

County of Canyon)

ss.

I, Representative of St. Al's Trauma, being first duly sworn, upon oath, depose and say:

1. A St. Al's Trauma patient, John Rodriguez, was the victim of

Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "G", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been

determined to be ~~\$406.53~~ (Acct. #767451), paid to:

423.77 due to interest.

Practice Management

Re: St. Al's Trauma

1755 N. Westgate Dr. Ste. 200

Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Jennifer Faust

Signature

Jennifer Faust

Printed name

SUBSCRIBED AND SWORN to before me this 11 day of AUG, 2010.

Lola Davis

Notary Public

Residing at: ADA CO, Idaho.

Commission Expires: 03/05/16

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "G", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been

determined to be ~~\$406.53~~ (Acct. #767451), paid to:

423.77 due to interest.

Practice Management

Re: St. Al's Trauma

1755 N. Westgate Dr. Ste. 200

Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

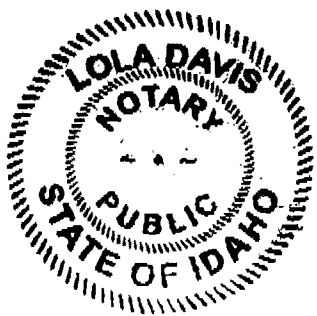
Jennifer Hunt

Signature

Jennifer Hunt

Printed name

SUBSCRIBED AND SWORN to before me this 11 day of AUG 2010.



Lola Davis

Notary Public

Residing at: ADA CO, Idaho.

Commission Expires: 03/05/16

From Practice Management
Alphonse Trauma Physician Serv
Box 9589
E, ID 83707
472-8111 (28 SAT. AR GAYLENE)

Fri 18 Jun 2010 12:18:17 PM
Printed 12:18:17 18 JUN 2010
TaxID:460500210
SSN:
Phone:

JOHN RODRIGUEZ

.. Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref...
JOHN RODRIGUEZ *Closed*
Posted Date: 03/24/2009
03/13/09 99213 OFFICE/OUTPATI 225.7 866.12 96.04 032409PEG 57984.
07/24/09 4.350 NOT ELIGIBLE F 225.7 0.00 072409AMY r12328
12/13/09 LTR8 Sufficient Tim 225.7 0.00 121309STA 67136.
01/01/10 10.17 TURNED OVER TO 225.7 -96.04 010110ACT 1.1*76
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -96.04
07/10/09 insur ECS-STAT 64217

JOHN RODRIGUEZ *Closed*
Posted Date: 04/29/2009
03/07/09 99221 INITIAL HOSPIT 28.7 866.11 143.53 042909PEG 59136.
07/24/09 4.350 NOT ELIGIBLE F 28.7 0.00 072409AMY r12328
01/01/10 10.17 TURNED OVER TO 28.7 -143.53 010110ACT 2.1*76
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -143.53
07/10/09 insur ECS-STAT 64218

JOHN RODRIGUEZ *Closed*
Posted Date: 04/29/2009
03/08/09 99231 SUBSEQUENT HOS 28.7 866.11 59.57 042909PEG 59137.
07/24/09 4.350 NOT ELIGIBLE F 28.7 0.00 072409AMY r12328
01/01/10 10.17 TURNED OVER TO 28.7 -59.57 010110ACT 3.1*76
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -59.57
07/10/09 insur ECS-STAT 64219

JOHN RODRIGUEZ *Closed*
Posted Date: 04/29/2009
03/09/09 99238 HOSPITAL DISCH 28.7 866.11 107.39 042909PEG 59138.
07/24/09 4.350 NOT ELIGIBLE F 28.7 0.00 072409AMY r12328
01/01/10 10.17 TURNED OVER TO 28.7 -107.39 010110ACT 4.1*76
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -107.39
07/10/09 insur ECS-STAT 64220

From Practice Management

Fri 18 Jun 2010 12:20:25 PM MDT

Page 8 of 12

##.. Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref...

Statements for JOHN RODRIGUEZ		*Closed*	
	03/29/09 98.1	0.00	stmt
	04/26/09 98.1	0.00	stmt
ress any key to continue...			
	05/24/09 98.1	0.00	stmt
	06/21/09 98.1	0.00	stmt
7	07/26/09 98.1	0.00	stmt
8	08/23/09 98.1	0.00	stmt
9	09/20/09 98.1	0.00	stmt
0	10/18/09 98.1	0.00	stmt
1	11/15/09 98.1	0.00	stmt
2	12/13/09 98.1	0.00	stmt

TOTAL : 0.00

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

**AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST**

STATE OF IDAHO)

County of Canyon)

ss.

I, Representative of Gem State Radiology, being first duly sworn, upon oath,
depose and say:

1. A Gem State Radiology patient, John Rodriguez, was the victim of
Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "H", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been

determined to be \$1,101.10 (Acct. #767451), paid to:

\$1103.10 due to interest

Practice Management
Re: Gem State Radiology
1755 N. Westgate Dr. Ste. 200
Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

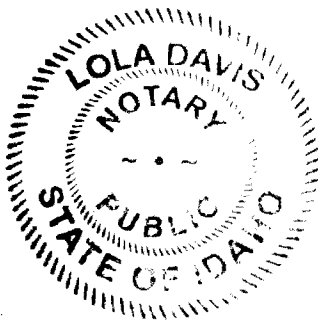
Jennifer Janot

Signature

Jennifer Janot

Printed name

SUBSCRIBED AND SWORN to before me this 11 day of Aug, 2010



Lola Davis

Notary Public

Residing at: ADA CO, Idaho.

Commission Expires: 03/05/16

From Practice Management
State Radiology
BOX 9649
SE, ID 83707
-472-8100 (28 GSR.AR GAYLENE)

Fri 18 Jun 2010 12:20:23 pm mdt.
Printed 12:17:32 18 JUN 2010
TaxID:826041596
SSN:
Phone:

JOHN RODRIGUEZ

.. Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref...
JOHN RODRIGUEZ *Closed*
Posted Date: 03/11/2009
03/07/09 71010-26 0103 CHEST X-R 15.7 862.9 25.30 031109BOB 115442
05/11/09 LTR5 No Insurance L 15.1 0.00 051109SHE 117477
07/23/09 4.350 ELIG REQ NOT 15.7 0.00 072309LAU r12328
08/03/09 4.350 PT NOT ELIGIBL 15.7 0.00 080309STE r12329
08/18/09 LTR1 Insurance Deni 15.7 0.00 081809LOL 119679
11/22/09 LTR8 Sufficient Tim 15.7 0.00 112209STA 121590
12/11/09 10.17 TURNED OVER TO 15.7 -25.30 121109ACT 1.1*76
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -25.30
07/10/09 insur ECS-STAT 1083848
07/23/09 insur ECS-STAT 1083848

JOHN RODRIGUEZ *Closed*
Posted Date: 03/11/2009
03/07/09 74160-26 CT ABDOMEN W/D 8.7 866.12 179.30 031109BOB 115442
07/23/09 4.350 ELIG REQ NOT 8.7 0.00 072309LAU r12328
07/23/09 4.350 ELIG REQ NOT 8.7 0.00 072309LAU r12328
07/23/09 4.350 ELIG REQ NOT 8.7 0.00 072309LAU r12328
08/03/09 4.350 PT NOT ELIGIBL 8.7 0.00 080309STE r12329
12/11/09 10.17 TURNED OVER TO 8.7 -179.30 121109ACT 2.1*76
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -179.30
07/10/09 insur ECS-STAT 1083849
07/23/09 insur ECS-STAT 1083849

JOHN RODRIGUEZ *Closed*
Posted Date: 03/11/2009
03/07/09 72193-26 CT PELVIS W/DY 8.7 866.12 162.80 031109BOB 115442
07/23/09 4.350 ELIG REQ NOT 8.7 0.00 072309LAU r12328
07/23/09 4.350 ELIG REQ NOT 8.7 0.00 072309LAU r12328
07/23/09 4.350 ELIG REQ NOT 8.7 0.00 072309LAU r12328
08/03/09 4.350 PT NOT ELIGIBL 8.7 0.00 080309STE r12329
12/11/09 10.17 TURNED OVER TO 8.7 -162.80 121109ACT 3.1*76
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -162.80

From Practice Management

Fri 18 Jun 2010 12:20:23 PM

Date	Code	Description	DrFcl	Dx	Original Batch	Ref
07/10/09	insur	ECS-STAT				083849
07/23/09	insur	ECS-STAT				1083849

JOHN RODRIGUEZ

Closed

is any key to continue...

Posted Date: 03/13/2009

03/09/09	74170-26	CT ABDOMEN W/O	26.7	879.4	198.00	031309BOB	115542
07/23/09	4.350	ELIG REQ NOT	26.7		0.00	072309LAU	r12328
07/23/09	4.350	ELIG REQ NOT	26.7		0.00	072309LAU	r12328
07/23/09	4.350	ELIG REQ NOT	26.7		0.00	072309LAU	r12328
08/03/09	4.350	PT NOT ELIGIBL	26.7		0.00	080309STE	r12329
12/11/09	10.17	TURNUED OVER TO	26.7		-198.00	121109ACT	4.1*76
		Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -198.00

07/10/09	insur	ECS-STAT				1083850
07/23/09	insur	ECS-STAT				1083850

JOHN RODRIGUEZ

Closed

Posted Date: 03/13/2009

03/09/09	72193-26	CT PELVIS W/DY	26.7	879.4	162.80	031309BOB	115542
07/23/09	4.350	ELIG REQ NOT	26.7		0.00	072309LAU	r12328
07/23/09	4.350	TPR INJURY SUS	26.7		0.00	072309LAU	r12328
07/23/09	4.350	ELIG REQ NOT	26.7		0.00	072309LAU	r12328
08/03/09	4.350	PT NOT ELIGIBL	26.7		0.00	080309STE	r12329
12/11/09	10.17	TURNUED OVER TO	26.7		-162.80	121109ACT	5.1*76
		Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -162.80

07/10/09	insur	ECS-STAT				1083850
07/23/09	insur	ECS-STAT				1083850

JOHN RODRIGUEZ

Closed

Posted Date: 03/19/2009

03/13/09	71020-26	1338 CHEST X-R	20.7	786.05	30.80	031809SUS	115784
07/23/09	4.350	ELIG REQ NOT	20.7		0.00	072309LAU	r12328
08/03/09	4.350	PT NOT ELIGIBL	20.7		0.00	080309STE	r12329
12/11/09	10.17	TURNUED OVER TO	20.7		-30.80	121109ACT	6.1*76
		Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -30.80

07/10/09	insur	ECS-STAT				1083851
07/23/09	insur	ECS-STAT				1083851

JOHN RODRIGUEZ

Closed

Posted Date: 03/19/2009

03/13/09	74160-26	CT ABDOMEN W/D	15.7	789.09	179.30	031809SUS	115784
07/23/09	4.350	ELIG REQ NOT	15.7		0.00	072309LAU	r12328
08/03/09	4.350	PT NOT ELIGIBL	15.7		0.00	080309STE	r12329
12/11/09	10.17	TURNUED OVER TO	15.7		-179.30	121109ACT	7.1*76
		Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -179.30

07/10/09	insur	ECS-STAT				1083852
07/23/09	insur	ECS-STAT				1083852

From Practice Management

Fri 18 Jun 2010 12:20:25 PM MDT

Page 4 of 12

#... Date.... Code.... Description... DrFcl... Dx.... Original Batch.... Ref...

JOHN RODRIGUEZ

Closed

Posted Date: 03/19/2009

03/13/09	72193-26	CT PELVIS W/DY	15.7	789.09	162.80	031809SUS	115784
07/23/09	4.350	ELIG REQ NOT	15.7		0.00	072309LAU	r12328
08/03/09	4.350	PT NOT ELIGIBL	15.7		0.00	080309STE	r12329
12/11/09	10.17	TURNED OVER TO	15.7		-162.80	121109ACT	8.1*76
Balance:					0.00		

Press any key to continue...

Primary: 0.00	Secondary: 0.00	Personal: 0.00	Adjustments: -162.80
07/10/09 insur	ECS-STAT		1083852
07/23/09 insur	ECS-STAT		1083852

Statements for JOHN RODRIGUEZ

Closed

03/15/09	98.1	0.00	stmt
04/12/09	98.1	0.00	stmt
05/10/09	98.1	0.00	stmt
06/07/09	98.1	0.00	stmt
07/05/09	98.1	0.00	stmt
08/02/09	98.1	0.00	stmt
08/30/09	98.1	0.00	stmt
09/27/09	98.1	0.00	stmt
10/25/09	98.1	0.00	stmt
11/22/09	98.1	0.00	stmt

TOTAL : 0.00

GREG H. BOWER
Special Canyon County Prosecuting Attorney

Christopher S. Atwood
Special Deputy Prosecuting Attorney
200 W. Front Street, Room 3191
Boise, Idaho 83702
Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,)	
)	
Plaintiff,	)	Case No. CR-2009-36064
)	
vs.	)	AFFIDAVIT IN SUPPORT OF
	)	RESTITUTION REQUEST
Lazarus Salazar,)	
)	
Defendant.)	
_____)	

STATE OF IDAHO)	
	)	ss.
County of Canyon)	

I, Representative of Nampa Radiologists, being first duly sworn, upon oath, depose
and say:

1. A Nampa Radiologists patient, John Rodriguez, was the victim of
Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "I", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to

be \$677.00 (Acct. #544524), paid to:

\$ 731.98 due to interest.

Practice Management

Re: Nampa Radiologists

1755 N. Westgate Dr. Ste. 200

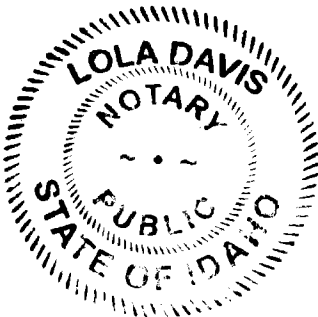
Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Jennifer Knot
Signature

Jennifer Knot
Printed name

SUBSCRIBED AND SWORN to before me this 11 day of AUG, 2010



Lola Davis
Notary Public
Residing at: ADA CO, Idaho.
Commission Expires: 03/25/16

From Practice Management
a Radiologists, P.A.
ox 9649
E, ID 83707
472-8103 (28 NRAD.AR GAYLENE)

Fri 18 Jun 2010 12:20:25 PM MDT
Printed 12:14:53 18 JUN 2010
TaxID:820316249
SSN:
Phone:

JOHN RODRIGUEZ

.. Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref...
JOHN RODRIGUEZ
Closed
Posted Date: 03/12/2009
03/06/09 74160-26 CT ABDOMEN W/D 9.2 215.00 031109JOE 409777
03/22/09 29 ID CRIME MAILE 9.2 0.00 032209JOE 178846
06/26/09 29 REPORTS AND CL 9.2 0.00 062609JAN 0626.1
08/03/09 2.202 IDAHO INDUSTRI 9.2 0.00 080309JAN 0803.5
08/03/09 4.202 \$215.00 NON CO 9.2 0.00 080309JAN 0803.6
08/02/09 LTR8 Sufficient Tim 9.2 0.00 080209STA 189439
08/20/09 LTR1A Insurance Deni 9.2 0.00 082009LOL 190830
09/05/09 10.17 TURNED OVER TO 9.2 -215.00 090509ACT 1.1*54
Balance: 0.00

mary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -215.00
03/18/09 insur IDAHOCRI 373747
05/06/09 insur IDAHOCRI 373747
06/24/09 insur IDAHOCRI 373747

JOHN RODRIGUEZ

Closed
Posted Date: 03/12/2009
03/06/09 72193-26 CT PELVIS W/DY 9.2 192.00 031109JOE 409777
03/22/09 29 ID CRIME MAILE 9.2 0.00 032209JOE 178846
06/26/09 29 REPORTS AND CL 9.2 0.00 062609JAN 0626.2
08/03/09 2.202 IDAHO INDUSTRI 9.2 0.00 080309JAN 0803.7
08/03/09 4.202 \$192.00 NON CO 9.2 0.00 080309JAN 0803.8
09/05/09 10.17 TURNED OVER TO 9.2 -192.00 090509ACT 2.1*54
Balance: 0.00

mary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -192.00
03/18/09 insur IDAHOCRI 373747
05/06/09 insur IDAHOCRI 373747
06/24/09 insur IDAHOCRI 373747

JOHN RODRIGUEZ

Closed
Posted Date: 03/12/2009
03/06/09 71260-26 CT THORAX W/DY 9.2 205.00 031109JOE 409777
03/22/09 29 ID CRIME MAILE 9.2 0.00 032209JOE 178846
06/26/09 29 REPORTS AND CL 9.2 0.00 062609JAN 0626.3
08/03/09 2.202 IDAHO INDUSTRI 9.2 0.00 080309JAN 0803.9
08/03/09 4.202 \$205.00 NON CO 9.2 0.00 080309JAN 0803.1
09/05/09 10.17 TURNED OVER TO 9.2 -205.00 090509ACT 3.1*54


```

Primary: 0.00      Secondary: 0.00      Personal: 0.00      Adjustments: -205.00
03/18/09 insur    IDAHOCRI                      373747
Press any key to continue...
05/06/09 insur    IDAHOCRI                      373747
06/24/09 insur    IDAHOCRI                      373747

```

4	03/06/09	71010-26	CHEST X-RAY	9.2	30.00	031109JOE	409780
12	03/22/09	29	ID CRIME MAILE	9.2	0.00	032209JOE	178846
24	06/26/09	29	REPORTS AND CL	9.2	0.00	062609JAN	0626.4
33	08/03/09	2.202	IDAHO INDUSTRI	9.2	0.00	080309JAN	0803.1
33	08/03/09	4.202	\$30.00 NON COV	9.2	0.00	080309JAN	0803.2
44	09/05/09	10.17	TURNED OVER TO	9.2	-30.00	090509ACT	4.1*54
			Balance:		0.00		

Primary: 0.00	Secondary: 0.00	Personal: 0.00	Adjustments: -30.00
03/18/09	insur	IDAHO CRI	373754
05/06/09	insur	IDAHO CRI	373754
06/24/09	insur	IDAHO CRI	373754

5	03/06/09	74000-26	X-RAY EXAM OF	9.2	35.00	031109JOE	409780
13	03/22/09	29	ID CRIME MAILE	9.2	0.00	032209JOE	178846
25	06/26/09	29	REPORTS AND CL	9.2	0.00	062609JAN	0626.5
30	08/03/09	2.202	IDAHO INDUSTRI	9.2	0.00	080309JAN	0803.3
31	08/03/09	4.202	\$35.00 NON COV	9.2	0.00	080309JAN	0803.4
15	09/05/09	10.17	TURNUED OVER TO	9.2	-35.00	090509ACT	5.1*54
			Balance:		0.00		

Primary: 0.00	Secondary: 0.00	Personal: 0.00	Adjustments: -35.00
03/18/09	insur	IDAHO CRI	373754
05/06/09	insur	IDAHO CRI	373754
06/24/09	insur	IDAHO CRI	373754

Statements for JOHN RODRIGUEZ			*Closed*	
6	03/15/09	98.1	0.00	stmt
14	04/12/09	98.1	0.00	stmt
17	05/10/09	98.1	0.00	stmt
18	06/07/09	98.1	0.00	stmt
26	07/05/09	98.1	0.00	stmt
27	08/02/09	98.1	0.00	stmt
40	08/30/09	98.1	0.00	stmt

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST

STATE OF IDAHO)

) ss.

County of Canyon)

I, Representative of Nampa Radiologists, being first duly sworn, upon oath, depose
and say:

1. A Nampa Radiologists patient, Alfonso Olmos, was the victim of
Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "J", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to

be \$80.30 (Acct. #544521), paid to:

86.11 due to interest
Practice Management
Re: Nampa Radiologists
1755 N. Westgate Dr. Ste. 200
Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

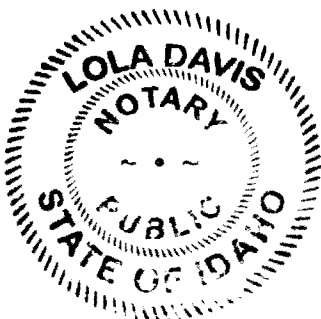
Jennifer Janot

Signature

Jennifer Janot

Printed name

SUBSCRIBED AND SWORN to before me this 11 day of AUG, 2010



Lola Davis

Notary Public

Residing at: ADA Cr, Idaho.

Commission Expires: 03/05/16

From Practice Management
a Radiologists, P.A.
ox 9649
E, ID 83707
472-8103 (28 NRAD.AR GAYLENE)

Fri 18 Jun 2010 12:20:23 PM
Printed 12:16:04 18 JUN 2010
TaxID:820316249
SSN:
Phone:

ALFONSO OLMOS

.. Date.... Code.... Description... DrFcl... Dx.... Original Batch.... Ref...
ALFONSO OLMOS *Closed*
Posted Date: 03/16/2009
03/06/09 74160-26 CT ABDOMEN W/D 9.13 879.2 215.00 031609JOE 409775
03/26/09 2.129 BLUE CROSS PPO 9.13 -72.43 032609JAN r20090
03/26/09 9.129 ([CO45] Charge 9.13 -85.81 032609JAN r20090
03/26/09 3.129 ([PR1] \$38.65 9.13 0.00 032609JAN r20090
03/26/09 29 ([PR2] \$18.11 9.13 0.00 032609JAN r20090
09/13/09 LTR8 Sufficient Tim 9.13 0.00 091309STA 192673
10/02/09 10.17 TURNED OVER TO 9.13 -56.76 100209ACT 1.1*54
Balance: 0.00

Primary: -72.43 Secondary: 0.00 Personal: 0.00 Adjustments: -142.57
03/16/09 insur ECS-BLUE 374548

ALFONSO OLMOS *Closed*
Posted Date: 03/16/2009
03/06/09 72193-26 CT PELVIS W/DY 9.13 879.2 192.00 031609JOE 409775
03/26/09 2.129 BLUE CROSS PPO 9.13 -94.15 032609JAN r20090
03/26/09 9.129 ([CO45] Charge 9.13 -74.31 032609JAN r20090
03/26/09 29 ([PR2] \$23.54 9.13 0.00 032609JAN r20090
10/02/09 10.17 TURNED OVER TO 9.13 -23.54 100209ACT 2.1*54
Balance: 0.00

Primary: -94.15 Secondary: 0.00 Personal: 0.00 Adjustments: -97.85
03/16/09 insur ECS-BLUE 374548

ALFONSO OLMOS *Closed*
Posted Date: 06/04/2009
06/04/09 RED15 MAIL RETURNED 90.1 0.00 060409ANG 184755
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

ALFONSO OLMOS *Closed*
Posted Date: 06/15/2009
06/15/09 89 DEMAND STATEME 90.13 0.00 061509CIN 185476
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

From Practice Management

Fri 18 Jun 2010 12:20:25 PM MDT

##.. Date.... Code.... Description... DrFcl... Dx.... Original Batch.... Ref...
Statements for ALFONSO OLMOS

Closed

1	03/29/09	98.1			0.00	stmt
2	04/26/09	98.1			0.00	stmt
3	05/24/09	98.1			0.00	stmt
Press any key to continue...						
6	06/21/09	98.1			0.00	stmt
7	07/19/09	98.1			0.00	stmt
8	08/16/09	98.1			0.00	stmt
9	09/13/09	98.1			0.00	stmt

TOTAL : 0.00

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

**AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST**

STATE OF IDAHO)

) ss.

County of Canyon)

I, Representative of Gem State Radiology, being first duly sworn, upon oath,
depose and say:

1. A Gem State Radiology patient, Alfonso Olmos, was the victim of
Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "K", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been

determined to be \$246.88 (Acct. #WV113849), paid to:

264.74 due to interest
Practice Management
Re: Gem State Radiology
1755 N. Westgate Dr. Ste. 200
Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Jennifer Annot
Signature

Jennifer Annot
Printed name

SUBSCRIBED AND SWORN to before me this 11 day of April, 2016.

Lola Davis
Notary Public
Residing at: ADA Co, Idaho.
Commission Expires: 03/05/16

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "K", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been

determined to be \$246.88 (Acct. #WV113849), paid to:

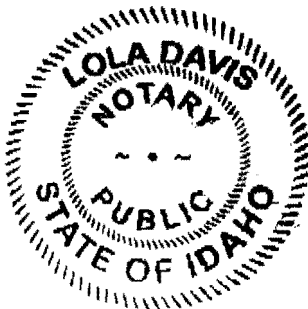
264.74 due to interest
Practice Management
Re: Gem State Radiology
1755 N. Westgate Dr. Ste. 200
Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Jennifer Knott
Signature

Jennifer Knott
Printed name

SUBSCRIBED AND SWORN to before me this 11 day of Aug 2010



Lola Davis
Notary Public
Residing at: ADA CO, Idaho.
Commission Expires: 03/05/16

From Practice Management
State Radiology
BOX 9649
E, ID 83707
-472-8100 (28 GSR.AR GAYLENE)

Fri 18 Jun 2010 12:20:25 PM MDT
Printed 12:16:54 18 JUN 2010
TaxID:826041596
SSN:
Phone:

Page 11 of 11

ALFONSO OLMOS

.. Date.... Code.... Description... DrFcl... Dx.... Original Batch.... Ref...
ALFONSO OLMOS
Closed
Posted Date: 03/18/2009
03/13/09 72193-26 CT PELVIS W/DY 23.13 868.19 162.80 031809LOR 433398
03/26/09 9.129 ([CO45] Charge 23.13 -45.11 032609ROB r20090
03/26/09 3.129 ([PR1] \$117.69 23.13 0.00 032609ROB r20090
06/24/09 LTR2 Ins. Paid Thei 23.13 0.00 062409LAU 118555
09/13/09 LTR8 Sufficient Tim 23.13 0.00 091309STA 120182
10/02/09 10.17 TURNED OVER TO 23.13 -117.69 100209ACT 1.1*WV
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -162.80
03/18/09 insur ECS-BLUE 1035302

ALFONSO OLMOS
Closed
Posted Date: 03/18/2009
03/13/09 74160-26 CT ABDOMEN W/D 23.13 868.19 179.30 031809LOR 433398
03/26/09 9.129 ([CO45] Charge 23.13 -50.11 032609ROB r20090
03/26/09 3.129 ([PR1] \$129.19 23.13 0.00 032609ROB r20090
10/02/09 10.17 TURNED OVER TO 23.13 -129.19 100209ACT 2.1*WV
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -179.30
03/18/09 insur ECS-BLUE 1035302

ALFONSO OLMOS
Closed
Posted Date: 04/30/2009
04/29/09 89 DEMAND STATEME 90.13 0.00 042909JOY 117161
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

ALFONSO OLMOS
Closed
Posted Date: 06/10/2009
06/10/09 RED15 MAIL RETURNED 90.1 0.00 061009KIM 118218
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

ALFONSO OLMOS
Closed
Posted Date: 06/15/2009

From Practice Management

Fri 18 Jun 2010 12:20:25 PM MDT

Page 12 of 12

#...	Date....	Code....	Description...	DrFcl...	Dx....	Original Batch....	Ref...
	06/15/09	89	DEMAND STATEME	90.13		0.00 061509CIN	118291
			Balance:			0.00	

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
Press any key to continue...

Statements for ALFONSO OLMOS			*Closed*	
	03/29/09	98.1	0.00	stmt
0	05/03/09	98.1	0.00	stmt
1	05/31/09	98.1	0.00	stmt
4	06/21/09	98.1	0.00	stmt
6	07/19/09	98.1	0.00	stmt
7	08/16/09	98.1	0.00	stmt
8	09/13/09	98.1	0.00	stmt

TOTAL : 0.00

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST

STATE OF IDAHO)

County of Canyon)

ss.

I, Representative of Mercy Medical Center, being first duly sworn, upon oath,
depose and say:

1. A Mercy Medical Center patient, John Rodriguez, was the victim of
Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "C", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to be \$6,911.01 (Acct. #N018311316), paid to:

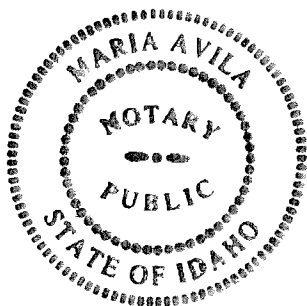
Mercy Medical Center
1512 12th Ave. Rd.
Nampa, ID 83686

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Robert Baugh
Signature

Robert Baugh
Printed name

SUBSCRIBED AND SWORN to before me this 11 day of August, 2010.



Maria Avila
Notary Public
Residing at: Nampa, ID, Idaho.
Commission Expires: 8/5/2015

*** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ***

TIME RECEIVED

July 7, 2010 2:05:09 PM MDT

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8

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07/07/10 14:01 FAX 2084635689

MERCY RBO-NAMPA

008/008

CATHOLIC HEALTH
INITIATIVES

Mercy Medical Center

1512 12th Avenue Road Nampa, ID 83686-8000

DATE 06/11/09

PATIENT NAME	ACCOUNT NO.	GUARANTOR NO.	ADMIT DATE	DISCH. DATE	PAGE
RODRIGUEZ, JOHN			03/07/09	03/07/09	1
RODRIGUEZ, PEDRO			AMOUNT ENCLOSED \$		
			<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX		
			CARD HOLDER'S NAME:		
			CARD NO.		
			EXPIRATION DATE		
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT			SIGNATURE		
DATE	DESCRIPTION OF SERVICE			AMOUNT	
*** 255 PHARMACY INCID TO RAD ***					
03/06/09	71804308	NON-IONIC CON 50ML/300MG	3	374.16	
03/06/09	71804308	NON-IONIC CON 50ML/300MG	3	374.16	
				748.32	
*** 300 LABORATORY GENERAL ***					
03/06/09	70802280	RH TYPE	1	44.18	
03/06/09	70802270	ABO GROUP	1	44.18	
03/06/09	70802140	ANTIBODY SCREEN	1	70.70	
03/06/09	70802340	CROSSMATCH IMMED.SPIN	6	560.52	
03/06/09	70634705	COMPREHENSIVE METABOLIC PANEL	1	130.33	
03/07/09	70636334	DAU AMPHETAMINE	1	30.96	
03/07/09	70636335	DAU BARBITUATE	1	30.96	
03/07/09	70636336	DAU BENZODIAZEPINE	1	30.96	
03/07/09	70636337	DAU COCAINE	1	30.96	
03/07/09	70636338	DAU MARIJUANA	1	30.96	
03/07/09	70636339	DAU OPIATE	1	30.96	
03/07/09	70636340	DAU PCP	1	30.96	
				1066.63	
*** 301 LABORATORY CHEMISTRY ***					
03/06/09	70634250	AMYLASE BLOOD	1	44.18	

PLEASE PAY THIS AMOUNT

Continued

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July 7, 2010 2:05:09 PM MDT
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MERCY RBO-NAMPA

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170 8

STATUS
Received
007/008

CATHOLIC HEALTH
INITIATIVES

Mercy Medical Center

1512 12th Avenue Road Nampa, ID 83606-6008

DATE 06/11/09

PATIENT NAME	ACCOUNT NO.	GUARANTOR NO.	ADMIT DATE	DISCH. DATE	PAGE
RODRIGUEZ, JOHN			03/07/09	03/07/09	2
RODRIGUEZ, PEDRO			AMOUNT ENCLOSED \$		
			<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX		
			CARD HOLDER'S NAME:		
			CARD NO.:		
			EXPIRATION DATE:		
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT			SIGNATURE:		
DATE	DESCRIPTION OF SERVICE			AMOUNT	
03/06/09	70634730	LIPASE	1	50.50	
				94.68	
	*** 302 LABORATORY IMMUNOLOGY ***				
03/07/09	70609510	COMPLEMENT TOTAL 50	1	34.53	
				34.53	
	*** 305 LAB HEMATOLOGY ***				
03/06/09	70613255	AUTO BLD COUNT W/ DIFFERENTIAL	1	60.60	
03/06/09	70613255	AUTO BLD COUNT W/ DIFFERENTIAL	-1	-60.60	
03/07/09	70613255	AUTO BLD COUNT W/ DIFFERENTIAL	1	60.60	
03/07/09	70613262	HEMOGRAM & PLATELET, AUTOMATED	1	49.24	
03/07/09	70613215	DIFFERENTIAL WBC COUNT	1	21.47	
03/07/09	70613262	HEMOGRAM & PLATELET, AUTOMATED	-1	-49.24	
03/07/09	70613215	DIFFERENTIAL WBC COUNT	-1	-21.47	
				60.60	
	*** 307 LAB URIOLOGY ***				
03/07/09	70613030	URINALYSIS AUTO W/O MICROSCOPY	1	26.51	
03/07/09	70613130	URINALYSIS WITH MICRO EVAL	1	36.80	
03/07/09	70613030	URINALYSIS AUTO W/O MICROSCOPY	-1	-26.51	
				36.60	
	*** 320 RADIOLOGY DIAG GENERAL ***				
03/06/09	71307330	ABDOMEN SINGLE VIEW	1	285.08	

PLEASE PAY THIS AMOUNT

Continued

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170 8

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MERCY RBO-NAMPA

008/008

CATHOLIC HEALTH
INITIATIVES

Mercy Medical Center

1812 12th Avenue Road/ Marysville, ID 83806-0008

DATE 06/11/09

PATIENT NAME	ACCOUNT NO.	GUARANTOR NO.	ADMIT DATE	DISCH. DATE	PAGE
RODRIGUEZ, JOHN			03/07/09	03/07/09	3

RODRIGUEZ, PEDRO

AMOUNT ENCLOSED \$

☐ VISA ☐ MASTERCARD ☐ AMEX

CARD HOLDER'S NAME:

CARD NO.

EXPIRATION DATE

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SIGNATURE

DATE	DESCRIPTION OF SERVICE	AMOUNT
	*** 324 RADIOLOGY DIAG CHEST XRAY ***	285.06
03/06/09	71307101 CHEST 1 VIEW AP/PA ONLY	221.04
	*** 352 CAT SCAN BODY ***	221.04
03/06/09	71802016 CT CHEST W/ CONTRAST	1263.44
03/06/09	71802024 CT ABDOMEN W/CONTRAST	1450.65
03/06/09	71802030 CT PELVIS W/ CONTRAST	1380.60
	*** 450 EMERGENCY ROOM GENERAL ***	4094.69
03/07/09	69599283 ER E&M LEVEL III	268.86
	*** RECEIPTS, ADJUSTMENTS, ETC. ***	268.86
05/17/10	A2171 ADJ 2ND PLACEMENT ACCOUNTS	-6911.01
	ESTIMATED INSURANCE DUE CRIME VICTIMS/ASSISTANCE SECTI	-6911.01
		6911.01

account at
CRP
800-945-5470

PLEASE PAY THIS AMOUNT

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

**AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST**

STATE OF IDAHO)

County of Canyon)

ss.

I, Representative of Mercy Medical Center, being first duly sworn, upon oath,
depose and say:

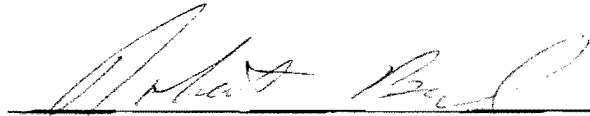
1. A Mercy Medical Center patient, Alfonso Olmos, was the victim of
Aggravated Battery that occurred on the 6th day of March, 2009.


2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.

3. Attached hereto is exhibit "B", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to be \$778.64 (Acct. #N018311282), paid to:

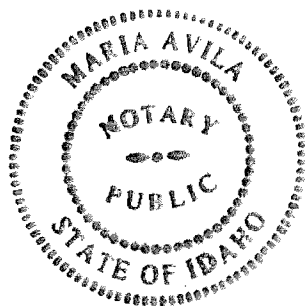
Mercy Medical Center
1512 12th Ave. Rd.
Nampa, ID 83686

I have read the foregoing Affidavit, and it is true to the best of my knowledge.


Signature


Printed name

SUBSCRIBED AND SWORN to before me this 11 day of August, 2010.




Notary Public

Residing at: Nampa, Idaho.

Commission Expires: 8/5/2015

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MERCY RBO-NAMPA

002/008

CATHOLIC HEALTH
INITIATIVE

Mercy Medical Center

1512 15th Avenue South Nampa, ID 83686-6008

DATE 03/13/09

PATIENT NAME	ACCOUNT NO.	GUARANTOR NO.	ADMIT DATE	DISCH. DATE	PAGE
OLMOS, ALFONSO			03/07/09	03/08/09	1
OLMOS, ALFONSO			<p>AMOUNT ENCLOSED \$</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX</p> <p>CARD HOLDER'S NAME:</p> <p>CARD NO.</p> <p>EXPIRATION DATE</p>		
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT			SIGNATURE		
DATE	DESCRIPTION OF SERVICE			AMOUNT	
	*** 120 SEMI-PRIVATE ROOM & BOARD ***				
03/07/09	62001000	ROOM CHARGE - MED/SURG; ROOM 329/MED/SUR	1	981.00	
				981.00	
	*** 250 PHARMACY GENERAL ***				
03/06/09	71902425	SOD CHL BACTERIOSTATIC 30ML; SOD CHL BACTERIOSTATIC 30 ML VIAL	1	27.50	
				27.50	
	*** 255 PHARMACY INCID TO RAD ***				
03/06/09	71804308	NON-IONIC CON 50ML/300MG	3	374.16	
				374.16	
	*** 300 LABORATORY GENERAL ***				
03/06/09	70802280	RH TYPE	1	44.18	
03/06/09	70802270	ABO GROUP	1	44.18	
03/06/09	70802140	ANTIBODY SCREEN	1	70.70	
03/06/09	70634705	COMPREHENSIVE METABOLIC PANEL	1	130.33	
03/07/09	70634705	COMPREHENSIVE METABOLIC PANEL	1	130.33	
				419.72	
	*** 301 LABORATORY CHEMISTRY ***				
03/06/09	70634730	LIPASE	1	50.50	
				50.50	
	*** 302 LABORATORY IMMUNOLOGY ***				
03/06/09	70608020	COLLECTION FEE	1	26.09	

PLEASE PAY THIS AMOUNT

Continued

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July 7, 2010 2:05:09 PM MDT

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STATUS
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MERCY RBO-NAMPA

003/008

CATHOLIC HEALTH
INITIATIVES

Mercy Medical Center

1512 12th Avenue Road Nampa, ID 83854-6008

DATE 03/13/09

PATIENT NAME	ACCOUNT NO.	GUARANTOR NO.	ADMIT DATE	DISCH. DATE	PAGE
OLMOS, ALFONSO			03/07/09	03/08/09	2
OLMOS, ALFONSO			AMOUNT ENCLOSED \$		
			<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX		
			CARD HOLDER'S NAME:		
			CARD NO.		
			EXPIRATION DATE		
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT			SIGNATURE		
DATE	DESCRIPTION OF SERVICE			AMOUNT	
03/06/09	70608020	COLLECTION FEE	1	26.09	
03/07/09	70608020	COLLECTION FEE	1	26.09	
				78.27	
	*** 305 LAB HEMATOLOGY ***				
03/06/09	70613255	AUTO BLD COUNT W/ DIFFERENTIAL	1	60.60	
03/07/09	70613255	AUTO BLD COUNT W/ DIFFERENTIAL	1	60.60	
				121.20	
	*** 306 LAB BACTERIOLOGY/MICROBIO ***				
03/07/09	70626270	CULTURE URINE	1	61.85	
				61.85	
	*** 307 LAB UROLOGY ***				
03/08/09	70613030	URINALYSIS AUTO W/O MICROSCOPY	1	26.51	
03/07/09	70613130	URINALYSIS WITH MICRO EVAL	1	36.60	
03/07/09	70613030	URINALYSIS AUTO W/O MICROSCOPY	-1	-26.51	
				36.60	
	*** 352 CAT SCAN BODY ***				
03/06/09	71802024	CT ABDOMEN W/ CONTRAST	1	1450.65	
03/06/09	71802030	CT PELVIS W/ CONTRAST	1	1380.60	
				2831.25	
	*** 450 EMERGENCY ROOM GENERAL ***				
03/06/09	69599285	ER E&M LEVEL V	1	1191.50	
03/06/09	69590765	IV INFUSION 1ST HOUR	1	392.13	

PLEASE PAY THIS AMOUNT

Continued

TIME RECEIVED

July 7, 2010 2:05:09 PM MDT

REMOTE CSID
2084635689

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PAGES
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STATUS
Received

07/07/10 14:01 FAX 2084635689

MERCY RBO-NAMPA

004/008

CATHOLIC HEALTH
INITIATIVE

Mercy Medical Center

1512 12th Avenue Road, Meryle, ID 23686-6008

DATE 03/13/09

PATIENT NAME	ACCOUNT NO.	GUARANTOR NO.	ADMIT DATE	DISCH. DATE	PAGE
OLMOS, ALFONSO			03/07/09	03/08/09	3
OLMOS, ALFONSO			AMOUNT ENCLOSED \$ _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX CARD HOLDER'S NAME: _____ CARD NO. _____ EXPIRATION DATE _____		
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT			SIGNATURE _____		
DATE	DESCRIPTION OF SERVICE			AMOUNT	
03/06/09	69590775	INJECTION IV PUSH EA ADDTL	2	279.18	
03/06/09	69590776	IV PUSH SEQUENTIAL SAME DRUG	1	139.59	
03/06/09	69590761	IV HYDRATION EA ADDTL HR	1	139.59	
				2141.97	
*** 636 DRUG SPEC ID DETAIL CODING ***					
03/06/09	71903671	HYDROMORPHONE HCL 2 MG/ML SYR; HYDROMORPHONE HCL 2 MG/ML SYR	1	17.60	
03/06/09	71903257	DIPHENHYDRAMINE 50MG/ML; diphenhydrAMINE HCL 50 MG/ML VIAL	1	7.00	
03/06/09	71904486	TETANUS/DIPHTHERIA TOX 0.5 ML; TETANUS/DIPHTHERIA TOX ADSORB 0.5 M	1	31.40	
03/07/09	71903671	HYDROMORPHONE HCL 2 MG/ML SYR; HYDROMORPHONE HCL 2 MG/ML SYR	1	17.60	
03/07/09	71904518	LEVOFLOXACIN/D5W 500 MG/100 ML; LEVOFLOXACIN 500MG/100ML D5W 500 MG	1	142.43	
03/07/09	71903671	HYDROMORPHONE HCL 2 MG/ML SYR; HYDROMORPHONE HCL 2 MG/ML SYR	1	17.60	
03/07/09	71903573	ONDANSETRON HCL 2 MG/ML VIAL; ONDANSETRON HCL 2 MG/ML VIAL	1	12.60	
03/08/09	71903671	HYDROMORPHONE HCL 2 MG/ML SYR; HYDROMORPHONE HCL 2 MG/ML SYR	1	17.60	
				263.83	
*** SELF-ADMINISTRABLE DRUGS ***					
03/07/09	71905734	HYDROCODONE/APAP 5/325MG TAB; HYDROcodone/APAP 5/325MG 1 TAB TABL	2	12.80	

PLEASE PAY THIS AMOUNT

Continued

*** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ***

TIME RECEIVED
July 7, 2010 2:05:09 PM MDT

REMOTE CSID
2084635689

DUPLICATION PAGES
170 8

STATUS
Received

07/07/10 14:01 FAX 2084635689

MERCY RBO-NAMPA

005/008

CATHOLIC HEALTH
INITIATIVES

Mercy Medical Center

1512 12th Avenue Road Nampa, ID 83606-6008

DATE 03/13/09

PATIENT NAME	ACCOUNT NO.	GUARANTOR NO.	ADMIT DATE	DISCH. DATE	PAGE
OLMOS, ALFONSO			03/07/09	03/08/09	4

OLMOS, ALFONSO

AMOUNT ENCLOSED \$

☐ VISA ☐ MASTERCARD ☐ AMEX

CARD HOLDER'S NAME:

CARD NO.

EXPIRATION DATE

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

SIGNATURE

DATE	DESCRIPTION OF SERVICE	AMOUNT
03/08/09	71905734 HYDROCODONE/APAP 5/325MG TAB; HYDROcodone/APAP 5/325MG 1 TAB TABL	12.80
03/08/09	71904072 DOCUSATE CALCIUM 240 MG CAP; DOCUSATE CALCIUM 240 MG CAP	0.40
	*** 730 EKG/ECG GENERAL ***	26.00
03/08/09	71114000 12 LEAD W/O INTEREP	153.40
	*** RECEIPTS, ADJUSTMENTS, ETC. ***	153.40
02/18/10	A2171 ADJ 2ND PLACEMENT ACCOUNTS	-778.64
	ESTIMATED INSURANCE DUE BLUE CROSS PPO/PREFRD BLUE	-778.64
		7567.27

OBP 800 945 5470

PLEASE PAY THIS AMOUNT

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,)	
)	
Plaintiff,	)	Case No. CR-2009-36064
)	
vs.	)	AFFIDAVIT IN SUPPORT OF
	)	RESTITUTION REQUEST
Lazarus Salazar,)	
)	
Defendant.)	
_____)	

STATE OF IDAHO)	
	)	ss.
County of Canyon)	

I, Representative of Blue Cross of Idaho, being first duly sworn, upon oath, depose
and say:

1. A Blue Cross of Idaho client, Alfonso Olmos, was the victim of
Aggravated Battery that occurred on the 6th day of March, 2009.

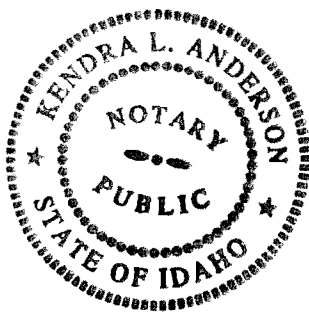
2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.
3. Attached hereto is exhibit "L", which lists my out-of-pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to be \$11,381.92 (ID# 800012008), paid to:

Blue Cross of Idaho
3000 E. Pine Ave.
Meridian, ID 83642

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Toni Thayer
Signature
Toni Thayer
Printed name

SUBSCRIBED AND SWORN to before me this 12th day of August, 2010



Kendra L. Anderson
Notary Public
Residing at: Meridian, Idaho.
Commission Expires: 5/6/2012



Medical Claim Itemization

Printed 6/18/2010

Patient		Alfonso Olmos										
Enrollee ID												
Dates		Charges	Contractual Savings	Patient's Responsibility				Other Carrier Paid	Basic	Accident Supplement	Major Medical	(P)rovider (I)nsured
				Applied to Deductible	Copayment	Coinsurance	Noncovered					
From 03/06/09	090723616700											
Thru 03/06/09	HBWZ3 Roan, Peter G.	82.02	67.55	14.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 03/13/09												
EOB 03/23/09	DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.											
From 03/06/09	090762265800											
Thru 03/06/09	39677 Giles, David J.	215.00	85.81	38.65	0.00	18.11	0.00	0.00	0.00	0.00	72.43	P
Rcvd 03/17/09												
EOB 03/23/09	DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.											
From 03/06/09	090762265800											
Thru 03/06/09	39677 Giles, David J.	192.00	74.31	0.00	0.00	23.54	0.00	0.00	0.00	0.00	94.15	P
Rcvd 03/17/09												
EOB 03/23/09	DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.											
From 03/07/09	090753867001											
Thru 03/08/09	00117 Mercy Medical Center	7,567.27	3,674.05	0.00	0.00	778.64	0.00	0.00	0.00	0.00	3,114.58	P
Rcvd 04/01/09												
EOB 04/06/09	AIQ The claim was adjusted based on information in the Accidental Injury form we received concerning this claim. Please login to bcidaho.com as a member to view additional details about your claim. DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.											
From 03/08/09	091252521200											
Thru 03/08/09	76861 Chown, Mark S.	156.50	156.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 05/01/09												
EOB 05/18/09	z z64 Our records show that the procedure identified was performed at a location where it is not typically performed.											
From 03/08/09	091550033200											
Thru 03/08/09	76861 Chown, Mark S.	156.50	0.00	0.00	0.00	31.30	0.00	0.00	0.00	0.00	125.20	P
Rcvd 05/27/09												
EOB 06/08/09												
From 03/09/09	091252521200											
Thru 03/09/09	76861 Chown, Mark S.	74.00	74.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 05/01/09												
EOB 05/18/09	z z64 Our records show that the procedure identified was performed at a location where it is not typically performed.											
From 03/09/09	091550033200											
Thru 03/09/09	76861 Chown, Mark S.	74.00	0.00	0.00	0.00	14.80	0.00	0.00	0.00	0.00	59.20	P
Rcvd 05/27/09												
EOB 06/08/09												
From 03/13/09	090782878500											
Thru 03/13/09	33126 Davey, Ian C.	162.80	45.11	117.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P
Rcvd 03/19/09												
EOB 03/23/09	DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.											



Medical Claim Itemization

Printed 6/18/2010

Patient		Alfonso Olmos													
Enrollee ID															
Dates				Charges	Contractual Savings	Patient's Responsibility				Other Carrier Paid	Basic	Accident Supplement	Major Medical	(P)rovider (I)nsured	
						Applied to Deductible	Copayment	Coinsurance	Noncovered						
From 03/13/09		090782878500													
Thru 03/13/09		33126 Davey, Ian C.		179.30	50.11	129.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P	
Rcvd 03/19/09															
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090793222300													
Thru 03/15/09		00380 West Valley Medical		14,845.41	7,575.39	0.00	0.00	1,454.00	0.00	0.00	0.00	0.00	5,816.02	P	
Rcvd 03/20/09															
EOB 03/23/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090863469800													
Thru 03/13/09		A4575 Price, Emily D.		900.00	315.50	0.00	0.00	116.90	0.00	0.00	0.00	0.00	467.60	P	
Rcvd 03/27/09															
EOB 04/20/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090863469800													
Thru 03/13/09		A4575 Price, Emily D.		180.00	180.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P	
Rcvd 03/27/09															
EOB 04/20/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
		z45 The daily frequency for the procedure has been exceeded.													
From 03/13/09		090902454200													
Thru 03/13/09		59725 Agee, Jon M.		164.00	27.88	0.00	0.00	27.22	0.00	0.00	0.00	0.00	108.90	P	
Rcvd 03/31/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090902454200													
Thru 03/13/09		59725 Agee, Jon M.		2,462.00	818.65	0.00	0.00	328.67	0.00	0.00	0.00	0.00	1,314.68	P	
Rcvd 03/31/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090912537500													
Thru 03/13/09		47365 Thompson, Harold K.		638.00	376.55	0.00	0.00	52.29	0.00	0.00	0.00	0.00	209.16	P	
Rcvd 04/01/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
From 03/13/09		090912537500													
Thru 03/13/09		47365 Thompson, Harold K.		47.00	47.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	P	
Rcvd 04/01/09															
EOB 04/06/09		DIS The charge exceeds the allowable amount for this service. You are responsible for any amounts listed in the noncovered column.													
Patient Totals:				28,095.80	13,568.41	300.00	0.00	2,845.47	0.00	0.00	0.00	0.00	11,381.92		
Report Totals:				28,095.80	13,568.41	300.00	0.00	2,845.47	0.00	0.00	0.00	0.00	11,381.92		

GREG H. BOWER

Special Canyon County Prosecuting Attorney

Christopher S. Atwood

Special Deputy Prosecuting Attorney

200 W. Front Street, Room 3191

Boise, Idaho 83702

Telephone: (208) 287-7700

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

THE STATE OF IDAHO,

Plaintiff,

vs.

Lazarus Salazar,

Defendant.

Case No. CR-2009-36064

**AFFIDAVIT IN SUPPORT OF
RESTITUTION REQUEST**

STATE OF IDAHO)

County of Canyon)

ss.

I, Representative of Idaho Emergency Physicians, being first duly sworn, upon
oath, depose and say:

1. A Idaho Emergency Physicians patient, John Rodriguez, was the victim
of Aggravated Battery that occurred on the 6th day of March, 2009.

2. This offense occurred at the address of 2020 Caldwell Blvd., Nampa, Idaho.
3. Attached hereto is exhibit "F", which lists my out-of pocket expense due to this crime. The out-of-pocket expense(s) has/have been determined to be \$20.30 (Acct. #A2906600085), paid to:

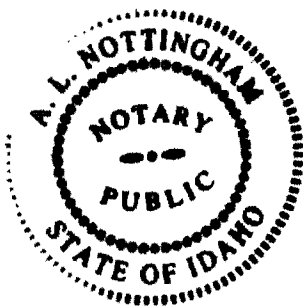
Idaho Emergency Physicians
2312 N. Cole Rd. Ste. B
Boise, ID 83704

I have read the foregoing Affidavit, and it is true to the best of my knowledge.

Andrea Lingquist
Signature

Andrea Lingquist
Printed name

SUBSCRIBED AND SWORN to before me this 10 day of August, 2010.



A. L. Nottingham
Notary Public
Residing at: BOISE, Idaho.
Commission Expires: 7-3-13

PATIENT RECEIPT OF SERVICES RENDERED

DATE: 06/11/10

IDAHO EMERGENCY PHYSICIANS PA
 PO BOX 4008
 BOISE ID 83711
 (208) 322-8515
 Tax ID: 82-0312175

PEDRO RODRIGUEZ

For: JOHN RODRIGUEZ
 Account No.:

SERVICE DATE	CPT	DESCRIPTION DIAGNOSIS	DOCTOR	CHARGE	PAYMENT	BALANCE
03/07/09	99291	CRITICAL CARE		547.00		547.00
	866.10	PETE ANGLETON MD				
03/07/09	12001	LACERATION REPAIR		277.00		824.00
	879.2	PETE ANGLETON MD				
03/07/09	99053	SERVICES BETWEEN 10 PM AN		20.00		844.00
	879.2	PETE ANGLETON MD				
	350	DR-INTEREST FEE		12.66		856.66
		PETE ANGLETON MD				
06/25/09	231	CR-INTEREST CREDIT			12.66	844.00
	LP	PETE ANGLETON MD				
08/28/09	114	PMT-MEDICAID			0.00	844.00
	LP	PETE ANGLETON MD				
09/22/09	240	CR-TRAUMA CHARITY BAD DEB	(Back to St. Alb)		824.00	20.00
	LP	PETE ANGLETON MD				
	350	DR-INTEREST FEE		0.30		20.30
		PETE ANGLETON MD				
10/19/09	222	CR-BAD DEBT WRITE OFF			20.30	0.00
	LP	PETE ANGLETON MD				